Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

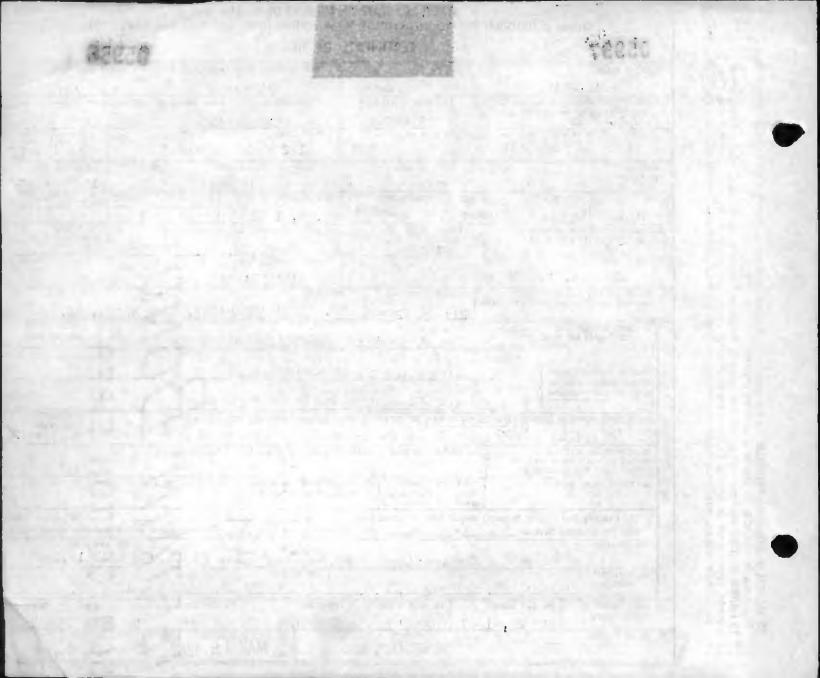
CERTIFICATE OF DEATH

	0	5	\$	9	7
--	---	---	----	---	---

	PLACE OF DEATH O. COUNTY	LLEGANY		MARY	IAND	2. USUAL RESIDENCE (V	Where deceosed	lived, if instituti b COUN	TY		
		If outside corporate limits,		c. LENGTH OF STAY II		c. CITY OR TOWN (If ou		limits, write RUR		GANY Porest tow	
	write RURAL on	d give nearest tawn) ING							are one give in	17	7
		TAL OR INSTITUTION (If not	in hasnital a	3 WEEKS	>	d. STREET ADDRESS	BERLAND			e. IS	RESIDENCE
		NURSING HOME		146 311661 0001633)			BER STR	EET		YES [A FARM?
1	NAME OF DECEASED Type or print)	First JESSE		Middle ERNEST	AF	Lost BERNATHY	4. DATE OF DEATH	Mont MA Y		Doy 7	Year 19 67
5. 5			7. MARRIED	NEVER MARRIED		DATE OF BIRTH	9. /	GE (In years	IF UNDER 1 YE		NDER 24 HRS.
1	MALE	WHITE	WIDOWED	DIVORCED		TOV. 7, 1902		ast birthdoy) 64 yrs.	Months Do	oys Ho	urs Min.
		N (Give kind of work done life, even if retired) IC		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County		jn countrγ)	COUN	N OF WHA	AT.
	FATHER'S NAME	10		GARAGE		CROSS,			US	A	
13.		E G. ABERNAT	UV			14. MOTHER'S MAIDEN T		4			
10		ER IN U.S. ARMED FORCES?		OCIAL SECURITY NO.	17 1	SARAH FI	ANDALL	Addre			
(Ye	s, no, or unknown)	(If yes give wor or dates of :	service)				TT 37 4 1777			1.00	
_	NO			4 05 6255	MIH	S. ZELDA AF	EKNATH:	r, combi	CRLAND,		
		EATH (Enter only one couse TH WAS CAUSED BY:			. 1		4				BETWEEN ND DEATH
	1100	/ IMMEDIATE CAUSE (o)	nyocara	.val	when	in				
	TOU	DUE TO)	and lin	1	terioscleros					
	Conditions, if ony	te couse (a)	1 9	eneracezei	car	ruorceus	w	_			_
	stoting the unde		0	· +0.	4	the ur	Emia.				
	lost.) (c								10 11145	***********
No	D	IGNIFICANT CONDITIONS COL							10	19. WAS PERF	AUTOPSY ORMED?
E I	Pre	whous basis				hage gen			rio	YES [NO 🔀
CERTIFICATION		AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. DES	SCRIBE HOW INJURY OF	CURRED. (Enter nature of injury in	Port I or Port II	of item 18.)			
MEDICAL	Hour o.	URY Month, Day, Year m. 19	20d. IN While at work	JURY OCCURRED Not While of work		E OF INJURY (Home, form pry, street, office bldg., etc.)		City or town)	(County	1)	(Stote)
		ify that (I) (this hasp			fram	7100120.1	9.66. ta	5/18	1.196	Zthat (I) (we) las
		eceased alive an	< 111	1967,	and that	death accurred at	630PM,	fram couses	and an the	date st	ated abave
	220. SIGNATURE	Zichard &	Sch	indler	M.C	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE MAY	SIGNED 18,1	1967
	22c. PHYSICIAN'S					22d. ADDRESS					
	NAME (Type	RICHARD	E. SCH	INDLER, M.	D.	69 GREEN	E ST.	CUMBER	RLAND,	MD.	
230	BURIAL, CREMATI	ON, 236. DATE THER	EOF	23c. NAME OF CEME	TERY OR C	REMATORY	23d. LOCA	TION (City or To	wn) (Co	ounty)	(State)
	REMOVAL Specific BURIAL	MAY 20,	1967	COOK'S	ILL	CEMETERY	HYNDI	IAN	BEDFOR	D	PA
24.	FUNERAL DIRECTO	OR .		ADDRESS	3.50	25o. REC'I	BY REGISTRAR	2Sb. RE	GISTRAR'S SIGN	IATURE	
	BYR	ON KIGHT	C	UMBERLAND,	MD.	DATE MA	eg YA	1987 (Charel	a lu	100

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complexely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remake carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, ar remayal, and in any event; within 72 hours of Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66



funeral and 2

Pag

and completely filled in

and 2 death.

death.

24 hours after

executed within

death curtificate be

The law requires that the

IO HOSPITAL OR ATTENDING PHYSICIAN: The law require≡ that t Page A may be retained by the hospital or attending physician.

DIVIS	ION OF STATISTIC		ARCH AND RECORDS				E J. MARY	LAND	
050				E OF DEATH			0598	7	
1. PLACE OF DE				1 2. USUAL RESIDENCE	E (Where dec	eased lived, If Insti-		ce before a	dmissio
0. 000,111	ALLEGANY		MARYLANO		RYLAND	2.000	ALL	EGANY	
b. CITY OR T write RUS	OWN (if outside corpora	te limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corp	orate limits, write	e RURAL and a	give neare:	st tow
CUMBERI	AND		12 DAYS	LA \	ALE		0	11	010 504
d. NAME OF	HOSPITAL OR INSTITUTIO	ON (If not In)	iospital, give street address)	d. STREET ADDRESS				e. IS RES	FARM?
SACE	RED HEART HOS	SPITAL		1233 NAT		HIGHWAY		YES	NO X
3. NAME OF DECEASED (Type or prin	10.500	Irst	Middle	ALBERT	4. DATE DF DEATH	Month	Da I Q	•	ear 67
5. SEX	6. COLOR OR RACE		XX NEVER MARRIEO	8. OATE OF BIRTH	9.	AGE (In years III	FUNDER 1 YEA		
FEMALE	WHITE	WIOOWED		03-06-23		last birthday) N	fonths Days		
10a, USUAL OCCU	PATION (Give kind of work orking life, even if retire	done 10b.	KIND OF BUSINESS OR	11. BIRTHPLACE (CO	ounty & State,	20.00	12. CITIZEI		1
HOUSEV				SANDYHOOK		LAND	U.S	.A.	
13. FATHER'S N	IAME			14. MOTHER'S MAIC	EN NAME				
	ILLIAM COLE			1 11 11 1 1 1 1 1	OPER)	COLE			
	ED EVER IN U.S. ARMED FO n) (If yes pive war or dates i		SOCIAL SECURITY NO. 17.	INFORMANT		Address			
NO		-	19-12-2114	HOSPITAL	RECORE	0\$			
	OF DEATH [Enter only on DEATH WAS CAUSED BY IMMEDIATE CAUSE	1: An		minary at	electa	us	INT	TERVAL BE	DEATH
	oue of any, which }		ht - Pleural	Effusion				2 mo	121,
cause (a), underlying (stating the DUE	(c) Care	inoma, far ad	wanced right			idarie	1yr	11
PART II. OTH	ER SIGNIFICANT CONDITI	ONS CONTRIB		ATED TO THE TERMINAL		DITION GIVEN IN P		PERFOR	RMED?
FICA		undu		c metast		A 1 B A 10 - C		YES [ND
OR CONTRIE	ENT WAS UNDERLYING TO BUTING TO CAUSE OF DEA NOTIFY MEDICAL EXAMI	TH	OESCRIBE HOW INJURY OCC	URREO. (Enter nature of	f Injury in Pa	art I or Part II of	Item 18.)		
20c. TIME Hour	OF INJURY Month, Cay, a.m. p.m. 19	While	Not While fact	ACE OF INJURY (Home, fa ory, street, office bldg., e		(City or town)	(County)	((State)
				2 (0) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	257	77.25 1 7 2			

21. I certify that (I) (this hospital) attended the deceased from M, from the causes and on the date stated above. and that death occurred at DATE SIGNED

SIGNATUR PHYSICIAN'S NAME (Type) 22c.

> 23b. 5/22/67

ATTENOING PHYS.

MEO. OIRECTOR 22d. AOORESS

67 STAFF PHYS.

Cumberland

BY REGISTINGS 7 25b. PECELSTRANG SIGNATURE

RICHARD E. SCHINDLER

DATE THEREOF

69 GREEN NAME OF CEMETERY OR CREMATORY Cemetery

CUMB. MD. 21502 LOCATION (City, town or county) 23d.

Near

(State) Md

BURIAL CREMATION, REMOVAL (Specify) BUTIAL FUNERAL DIRECTOR

23a.

saw the deceased alive on

St. Mary's Catholic ADORESS

lto

Ave.,

Cumberlandoate

(4) A15 1/65

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in a director, page 3 should be dilatched for use as the burial-transit permit. Then please remove carbon papers. P should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hou

CHARACALA

12 M2 2 19 11

A VUSTIV

TATILEDH LIVER GEEDVS

SELVE MAILE

FILLION COLE

31/14/3516

HATYLAND

VIII ECUITA

, A. 2.11

JUN VI AUGUST TVISILVE ESSI

AV. 1. = 87V

03-06-23

SAMDYHOOK, MARYLAND

FINDS (COCCEEN) SOUTE

MOSTITAL RECORDS

3 AVC 31

62 CREEKS ST., CHM3., HD., 71500

4116-11-016

FICHARD E. SCHINOLE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 05999 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY o. STATE ALLEGANY MARYLAND MARYLAND ALLEGANY b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2 DAYS 18HRS CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM? MEMORIAL HOSPITAL NO V HILL CREST 4. DATE DECEASED (Type or print) DOROTHY AMICK DEATH AGE (In years lost birthday) 6. COLOR OR RACE 7, MARRIED B. DATE OF BIRTH NEVER MARRIED Months WHITE DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT Corporate " of fice en COUNTRY? · MARYLAND, Hagers town Mortgage Co 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME STREET JOHN SPICER. JESSIE MRS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes no, or unknown) (If yes give war or dates of service) 235-30-2163 MEMORIAL HOSPITAL, CUMBERLAND, MD 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).

PART I. DEATH WAS CAUSED BY: Metastatic Carcinoma of liver INTERVAL BETWEEN l vr. Plus ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Adenocarcinoma right hemicolon Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Uremia NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item IB.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour 'a.m. factory, street, office bldg., etc.) of work at work 1966 to May 21. 21. I certify that (1) (this haspital) attended the deceased from Feb. 14. 1967, that (I) (we) last sow the deceased alive on May 20. 19 67, and that death accurred at 12:1 \$\Delta\text{from causes and an the date stated above.} 220. SIGNATURE May 22 DIRECTOR 22d. ADDRESS 22c PHYSICIAN JACOBSON DR 50 PERSHING ST. CUMBERLAND 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Burial (Specify) Rose Hill Cemetery 5/23/67 Cumberland ADDRESS 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR H. Wayne George Cumberland, Md.

The law requires that the death certificate be executed within 24 hours after remove carbon event, ond attending physician permit. Then please ar removal, burial-transit be retained by the hospital ar attending be detached for use as the State Dept. of Health priar to director, page 3 shauld should be filed with the DIRECTOR: FUNERAL 0

VR A15 (4) 25M 1/67

ALLEGARY ALLEGARY AND ALLEGARY

COLUMN TARESTONES CHARLESTAND

- 17 180 7-180 JULE JAY 182 (F) - 17 19 181

THET ALL YAR ACTION OF THE THEOLOGY

- 17 - 18 BUILD CO. 18 BUILD CO.

The second secon

ATRICET ANNUMENT STREET, SEELING ATRICES.

THE THE BEST OF THE PARTY OF TH

part veg a street of a section of the section of

A DESCRIPTION OF THE PARTY OF T

The Art All Age (Age)

TR. 18

THE DESCRIPTION OF THE PROPERTY OF THE PERSON OF THE PERSO

All promesses productions of the contraction of the The state of the s

	Division of STATISTICAL	RESEARCH AND RECORDS, 301	W. P	PRESTON STE	REET, BALTIMORE,	MARYLANI	D 2120	Pan
06000)	CERTIFICATE	OF	DEATH			U	598
PLACE OF DEATH			2. USL	UAL RESIDENCE	(Where deceased lived,	if institution: I	Residence	befare adn

	PLACE OF DEATH a. COUNTY	ALLEGANY		MA	RYLAND	2. USUAL RESIDENCE () d. STATE MARY		ed lived, if institut b. COUI	Table 1	ALLEG	
	write RURAL on	If outside corporate limits d give nearest town)	r	c. LENGTH OF STAT		c. CITY OR TOWN (If ou		te limits, write RUI	RAL and give	neorest tov	vn)
_	FROSTI d. NAME OF HOSPIT	AL OR INSTITUTION (If no	t in haspital, a	D. O. A.	•	d. STREET ADDRESS	TBURG		21	e. IS	RESIDENCE
		HOSPITAL	o ay marking				ALNUT	ST.		YES	A FARM?
	NAME OF DECEASED (Type or print)	ANTHONY		Middle S ARNONE		Lost	4. DATE OF DEATH	Man	11	Doy	Year 19 67
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARR	IED A	B. DATE OF BIRTH	9	. AGE (In years			INDER 24 HRS.
M	ALE	WHITE	WIDOWED	DIVORC	ED 🔲	SEPT. 21, 1	905	last birthday) 61 yrs.	Manths	Doys Ho	ours Min.
		(Give kind of wark done life, even if relired) CE MAN		ND OF BUSINESS OR DUSTRY TEL		11. BIRTHPLACE (County MARYLAND	& Stote, or for	reign country)	12. CITI. COU	ZEN OF WH NIRY? U.S.A	AT
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	LOUIS	ARNONE				CATHER	RINE QU	UALTIRE			
15. {Ye	WAS DECEASED EVI is, no, or unknown) YES	R IN U.S. ARMED FORCES? (If yes give war ar dates o	f service) 215	-05-8055		INFORMANT S. JENNIE AR	RNONE,	FROSTBU		•	
		EATH (Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE		(o), (b), and (c).)	out	my occ	limi				L BETWEEN IND DEATH
	420	DUE		0	1	1	2		-		
	Conditions, if any rise to immediat	e couse (n)	(b)	Car	die	rescula	v di	mance	-	I yr	e –
	stating the unde	rlying couse DUE	(c)								
ATION	PART II. OTHER S	GNIFICANT CONDITIONS CO	ONTRIBUTING T	O DEATH BUT NOT R	RELATED TO	THE TERMINAL DISEASE COI	NDITION GIVE	N IN PART 1(a)		19. WAS PERI YES	S AUTOPSY FORMED? NO
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY	OCCURRED.	(Enter nature of injury in	Part I or Port	t II of item 18.)			
MEDICAL	20c. TIME OF INJ Hour a.	10	20d. IN While at work	IJURY OCCURRED Not While		CE OF INJURY (Home, farn ary, street, office bldg., etc.)		(City or town)	(Cour	nty)	(State)
	21. I certi	fy that (1) (this has eceased alive an	pital) attend	ded the decease	d fram_ , and tha	t death accurred at		o Turky I, from couses	and an th	e date st	
	22a. SIGNATURE	John	u B	, Dav	ia,M.		MED. DIRECTOR	STAFF PHYS.	22b. DA	1 12	167-
	22c. PHYSICIAN'S NAME (Type		DAVIS,					FROSTBUR			
230	BURIAL, CREMATI REMOVAL (Specify BURIAL	ON, 23b. DATE THE MAY 13		ST. MIC		CREMATORY S CEMETERY		CATION (City of To		County)	(State)
24	. FUNERAL DIRECTO)R	D 1000	ADDRESS	MD.		D BY REGISTR		GISTRAR'S SIG		
	JUDETH 1	R. DURST, SI	The FRU	STBUKG.	VIII A	MAY	15 13	167 100	worker	Vacaba	LP_

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and carpatery filled in by the per director, page 3 should be detached for use as the burial-transit permit. Then please remark carbon papers. Pages, 1, and 2 should be filed with the State Dept. of Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

r	4	0		n	0	A	4
ì	1	U	į	d	b	j	1
	1	Ų	8	U	U	رر	1

CERTIFICATE OF DEATH

Dan	Dist	Ma	

T .	100	57		2	1
	2)	3	-	9	13

0000	4						M48. P111	1101 8.5	111119
1. PLACE OF DEATH				2. USUAL RESIDENCE	E (Where deceas		on: Residence	before odmi	ssion)
) 0. 2001411	Allegan	UF .	MARYLAND		rvland	b. COUNTY	All	egany	
b. CITY OR TOWN	(If outside corporate limit		c. LENGTH OF STAY IN 16			orole limits, write R			
RURAL and give	nearest town)			14-0-	-7-			NI	1
MCCOOLE	PITAL (If not in hospital, g	rive street	nddressi	d. STREET ADDR		-		a IS RI	ESIDENCE
OR INSTITUTION	V							ON	A FARM?
	Homel6 Q	ueen	Street	16 Q	ueen St	reet		IES [NO G
3. NAME OF DECEASED (Type or print)	Sarah	-21	Ann B	lost Seavers	4. DATE OF DEATE	May k	1.	Day	Year 19 67
S. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years			
Elomo I o	White	WIDOW	ED DIVORCED	April.5.	1880	lost birthdoy) 87 yrs.	Months	6 Hours	s Min.
Fema Le			KIND OF BUSINESS OR INC					EN OF WHAT	COUNTRY
during most of we	orking life, even if retired)	**************************************			,,			
Retired	House Wif	e .	Home	Herndo	n.Va.	-	U.S	A	
13. FATHER'S NAME				14. MOTHER'S MAI	DEN NAME				
Richard	Reeves			Nancy	Frva				
15. WAS DECEASED E	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFORMANT		Add	ress	8 10 1	
(Yes, no, or unknown)	(If yes, give war or dates of a		17-48-2512	מ הסמיונת	0000000	McCoo	la Ma		
NO CAUSE OF D	EATH [Enter only one co			Elwood B	eavera	MICHOGO	Te But	INTERVAL	RETWEEN
	EATH WAS CAUSED BY:	suse per i	ine ioi (o), (b), ond (c)-)	(Son)				ONSET AN	D DEATH
	IMMEDIATE CAUSE (1	CV	/)				184	2-
331X	DUE TO)	x_+A	1				ma	~
Conditions, if		1	A Cherry	elevi.				M	uls
gove rise to couse (o), stotin	immediate (,						
lying couse los		1							
Z PART II. O		-	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE	TERMINAL DISEA	SE CONDITION GIV	EN IN PART	1(o) 19. WAS	S AUTOPSY
Z PART II. O								PERF YES [FORMED?
O ACCIDENT	WAS TRIBEDIANTS TO	204 050	CRIBE HOW INJURY OCCUR	OFD (Fatas ashes of lais	usu in Bost I as Be	art II of Hom IR)		163	7 140 13
O (IF EITHER, NOTE	WAS UNDERLYING ☐ NG ☐ CAUSE OF DEATH FY MEDICAL EXAMINER)	200. DES	CRIBE HOW INJURY OCCUR	KED. (Enter holdre or inju	ury in Fort to Ft	of them in.)			
	URY Month, Doy, Ye			PLACE OF INJURY (Home		ty or town)	(Co	ounty)	(Stote)
Hour o. m	10	While	Not white	factory, street, office bld	g., erc.)				
						/=			
21. I certify			sed fram						
alive on	5467	, 19_	, and that dea	ith occurred at	M, from	the causes an	d on the		
	1.00		×		ADDRESS (Street, city or town,	stole)	D/	ATE SIGNED
ACTUAL SIGNATURE	William	11/1	2,	M.D. West	ernpor	t-Md-		5-3-	-67
	V-1/		- SA						
PHYSICIAN'S NAME (Type)	Villiam W.	Lesk	1	Weste	rnport	.Md.			
	ION, 22b. DATE THEREC		22c. NAME OF CEMETERY	OR CREMATORY	22d. LOC	ATION (City, lown,	or county)	(St	ofe)
REMOVAL (Specil	fy)							1-	
<u>Eurial</u>	5-3-67		Philos Cen		We:	sternpor	To MC	LA TIERE	
23. FUNERAL DIRECTO	JK S SIGNATURE	-	ADDRESS		REC'D BY REGI	10CT REG	STRAR'S SIG	Tangle	Re
Mom	asmo	0 0	Keyser	W.Va. DA	MAY 5	1001		0 0	4.5

Pages 1 and 2 should be filed with funeral director, D FUNERAL DIRECT. After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to buriol, cremotion, or remaval, and in any event within 72 hours after death. haspital or attending physician. may be retained.
TO FUNERAL DIRECT VS A15 (4) 15M 9/58

TENDING PHYSICIAN: The law requires that the Beath certificate be executed within 24 hav

TO HOSPITAL OR

Page 4

death.

00

I

White Sill Bridgers

Total III

85 50 30 = E

- Foreign Acoust II. Several Masses of Amore

e execution of the state of the

and size party best for

ery the angeween angeween beneath

, e. 2 11. 21. 2

. 36 . 3500 020 43

Total Totals (Merchall solid) Totals

eil • 1 • Torton



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06003 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) PLACE OF DEATH by the funera On O b COUNTY a. COUNTY MARYLAND outside corporate amits, write RURAL and give-negast town c. LENGTH OF STAY IN 1b c. CITY OR TOWN Hi side corposite limits, IS RES DENCE ON A FARM? campletely filled in popers, d STREET ADDRESS ON (If not in haspital, give street address) NO DO YES DATE NAME OF pou OF DEATH DECEASED (Type or print) 9 IF UNDER 24 HRS AGE fin S SEX 6 COLOR RACE 7 MARRIED NEVER MARRIED remaye Manths Days DIVORCED and in any puo 12 CIT ZEN OF WHAT JAL OCC. PATION (Give kind of work done nest of working life even it retired) 10b KIND OF BUSINESS OR please INDUSTRY MOTHER'S MAIDEN NAME ar removal, attending p 16 SOCIAL SECURITY NO INFORMANT (Yes, na or un nayn) (if yes give war or dates af service signed by the atter burial-transit perm burial, crematian, a INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 443X DUE TO Conditions, if any, which gave rise to immediate cause (a), **DUE TO** stoting the underlying couse be detached far use as the State Dept. of Health priar ta has been last. 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NONE NO this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING

CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (State) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) 20c, TIME OF INJURY Month, Day, Year factory, street, affice blda: etc.) Hour a.m. at wark at what is TO FUNERAL DIRECTOR: After 1967 ta 21 I certify that (1) (this haspital) attended the deceased fram. director, page 3 should should be filed with the 19 62, and that death accurred at 200 AM, from causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE DIRECTOR PHYS M.D. PHYS. 22d, ADDRESS 22c PHYSICIAN'S 21532 NAME (Type) MARTIN M. ROTH STEIN 48 BROADWAY 23a BURIAL, CREMATION LOCATION (City or Town

Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

24 haurs after death

within

requires that the death certificate be executed

FUNERAL DIRECTOR

RPMOVAL (Specify)

25a.

REC D BY REG STRAR

25b CREDISTRAR'S SIGNATUR

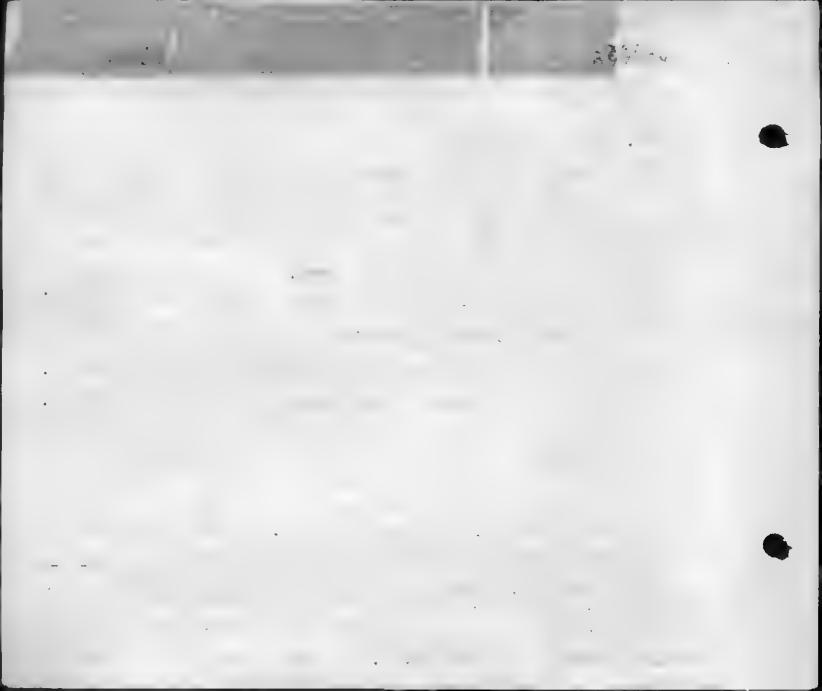


L+ VR A15 (4) 15M 7 61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	0£005	CERTIFICAT	E OF DEATH		T-10
,	1. PLACE OF BERTH		2. USUAL RESIDENCE (When	decessed lived, if Institu	Mions Rundence before adm ssion)
	a. COUNTY ALLEGANY	MARYLAND	•. STATE LARYLAND	b, COUNTY	ALLEGANY
	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside of	corporata limits, write RUP	
	write RURAL end give neerest town) LaVale	68 years	LaVale, MARYLA		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos		d STREET ADDRESS		o. IS RESIDENCE
)	908 Nat. Highway, LaVale, N		908 NATIONAL HI	GHWAY	ON A FARM? YES NO #
	3. NAME OF first	Middle	Last 4, DAT	E Month	Doy Year
			INING DEA	тн МАХ	12 19 67
	5 SEX 16. COLOR OR RACE 7. MARRIEI	NEVER MARRIED 8.	DATE OF BIRTH	9 AGE (in years IF JI	
	MALE WHITE WIDOWE		MAY, 25, 1998	60 yrs. Mor	nths Days Hours Min.
	le. USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Slete	or foreign country) [1	2. CITIZEN OF WHAT COUNTRY?
	CARPENTER CA	ARPENTER	CUMBERLAND, M.	ARYLAND	USA
	13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAME		
	RUSSELL BROWNING		MRS. JULI	A F. (JACKSO	ON) BROWNING
	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	LaVale, Md.
	(Yes, ng. of inkown) (Hyese, vewer or detes of service)	214-05-6395	MRS RUTH V. BROW	NING 908 NAT	TIONAL HIGHWAY
	18. CAUSE OF DEATH [Enter only one cause per le			, , , , , , , , , , , , , , , , , , , ,	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ronary Occlu	sion		1 day
	1/ XU/ DUE TO	rondrj ooord			i day
	Condition of control of		v . 1 m²		05
	gave risa to immediate causa	pertensive b	Heart Disease		25 yrs.
	(e), sletting the underlying DUE TO				0.00
	100	ronary arter		SE CONDITION GIVEN I	ZD YTS.
,	PART II, OTHER SIGNIFICANT CONDITIONS CON None 20a ACCIDENT WAS UNDERLYING 2Db DESC OR CONTRIBUTING 2CAUSE OF DEATH IIF FITHER, NOTIFY MEDICAL EXAMINER)	TABOUNG TO DEATH BUT NO	I KENTED TO THE TERMINAL DISEA	SE CONDITION OFFER S	PERFORMED?
	None				YES NO
	20a ACCIDENT WAS UNDERLYING 2Db DESC	CRIBE HOW INJURY OCCURED,	(Enter neture of injury in Part I or Pa	irt II of item TB.)	
		None			_
	20c. TIME OF INJURY Month, Day, Year 2Dd. I Heur a.m. Whila		CE OF INJURY (Home, ferm, 2Df. (pry, street, office bldg., etc.)	City or town)	(County) (State)
	p.m. 19 et worl		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	21. I certify that (i) (this hospital) attend	ded the deceased from	arch 8 19 66	to May 12,	., 19 . 6,7hat (I) (we) last
	saw the decpased alive on May12		death occured at5.25 fg	of the causes and	on the date stated above,
	22e SIGNATURE	ma	ATTENDING MED.	STAFF	22b, DATE SIGNED
	James! Marce	W	D PHYS. PHYS. DIRECTOR	PHYS.	5-12-67
	NAME (Type)		22d. ADDRESS!		
	DR. JAMES P. HA	LLINAN	140 BEDFORI	STREET, CU	MBERLAND, MD.
	23a, BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY C	OR CREMATORY 23d. L	OCATION (City, town or	county) (State)
	BURIAL 15 MAY 67	REST LAWN MEM	ORTAL PARK La	Vale, Maryla	nd.
C	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REC	GISTRAR 256. REGISTR	AR'S SIGNATURE
	Dale L. Merritt 40	THE POOR PUT SOILE	et MAY 16	1967 PClia	uley Judge
	[WEIRERLAND MD.	TAIN I	1001	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06006

CERTIFICATE OF DEATH

15936

_/	L.									THE RESIDENCE AND ADDRESS.	
		PLACE OF DEATH					2 USUAL RESIDENCE (V	Where deceased In	ed, if institution	Residence before	odmission)
1		o. COUNTY ALL	EGANY		MARYLAN	D	o. STATE MAR	YI AND	b COUNTY	ALLEGAN	Υ
		b. CITY OR TOWN (If outside corporate limit	5,	c. LENGTH OF STAY IN 11	b	c. CITY OR TOWN (If ou	1 1 1 1 1 1 1			-
		CUMBE	RLAND		19 DAYS		CUN	BERLAN	D		
e *		d, NAME OF HOSP T	AL OR INSTITUTION (If no	ot in hospital, g	ive street oddress)		d. STREET ADDRESS				IS RESIDENCE ON A FARM?
100	4	MEMOR	HAL HOSP	TAL			410 DE	CATUR	ST.	YE	
		NAME OF DECEASED		rst	Middle		Lost	4 DATE	Month	Doy	Year
		(Type or print)	JOSE	PH	F.		BUCKLEW	OF DEATH	MAY	10	1967
	5.	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED] E	DATE OF BIRTH	9 AGE			FUNDER 24 HRS Hours Min.
-		MALE	WHITE	MADOMED	DIVORCED [1-15-1876		yrs y	Mollins Doks	Hours Min.
	10e	USUAL OCCUPATION	(Give kind of work done	10b KI	ND OF BUSINESS OR		11 BIRTHPLACE (County		ountry)	12 CITIZEN OF V	VHAT
	Ř	etired B	life, even if retired)	Conduct	tor		WEST VI	RGINIA		COUNTRY?	Α.
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	MAME			
a	9.	BALDWIN	BUCKLEW					Rach	ael Rho	des	
	15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. S	OCIAL SECURITY NO	17. 1	FORMANT		Address		
	Į.	No	fit kes dies ann ni notes (70	5-09-7801	N	EMORIAL H	OSPITAL	. CUM	BERLAND	. MD.
		18. CAUSE OF DE	ATH (Enter only one cou							NTER'	VAL BETWEEN
		PART DEAT	TH WAS CAUSED BY IMMEDIATE CAUSE	(0)	ordial	a	nest ct	amen	al	2 ONSE	AND DEATH
		42	DUE	TO	alonose Loversinge	1	1 /	+ 0.	0 . 1	01	
		Conditions, if any,		(b)	monore	COI	old New	e air	esso l	my 1	month
		stating the under		TO A	1 son	ne	dire for	em		3	
		lost,		(c)	towninge	il	arlow	relevi	2-41		
	.¥0	PART II OTHER SI	GNIFICANT CONDITIONS O	ONTRIBUTING T	O DEATH BUT NOT RELATED	T OT	HE TERMINAL DISEASE CON	IDITION GIVEN IN	PART 1(o)		AS AUTOPSY ERFORMED?
- P	FICATION									YES	
	CERTE	20a ACCIDENT WAS	UNDERLYING CAUSE OF DEATH	20b DES	SCRIBE HOW INJURY OCCUP	RED (Enter noture of injury in I	Port or Port II of	item IB)		
		(IF EITHER, NOTIFY	MEDICAL EXAMINER)								
	MED CAL	20c TIME OF Mit Hour out	JRY Manth, Day, Year	20d IN While	JURY OCCURRED 200		E OF INJURY (Home, form ry, street, office bldg., etc.)		or town)	(County)	(Stote)
	×	pr		at wark	L al work		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1.11		
					led the deceased fra	m	23 gm, 1	9-5:10-	P-M	d an the date	t (I) (we) last
			eceased alive an	o more	19 <u>0</u>), and	that	death accurred at	N, tro	m causes an		
		220. SIGNATURE	w. alper	Van	acros	M.D		MED DIRECTOR	STAFF PHYS	122b. DATE SIGNED	
1		22c. PHYSICIAN'S NAME (Type)	DR. W. A	. VAN	ORMER		22d ADDRESS CUMBE	RLAND,	MD.	,	
	230	BUR AL, CREMATIC		REOF	23c NAME OF CEMETER	Y OR C	REMATORY	23d LOCATIO	N (City or Town)	(County)	(Stote)
D		REMOVAL (Specify	5/13/6	57	Hillcrest	b Br	rial Park	Cumbe	rland	Allegany	Marylan
BU	24	. FUNERAL DIRECTO	R	•	ADDRESS		2So REC D	BY REGISTRAR	25b REGIS	TOAD C CIGNATIIDE	-
P		H Too	Cilcox Ci	mbom? o	han Free M. ha	271	OO DATE	1AY 15	967 /	Cliarles	1

TO FUNIRAL BIFFICTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers Pages J-and-2 shauld be filed with the State Dept. of Health prior to burial, cremation, ar remayal, and in any event, with the State Dept. of Health prior to burial, cremation, ar remayal, and in any event, with the 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY O STATE MARYLAND 6 COUNTY ALLEGANY ALLEGANY MARYLAND b CITY OR TOWN (If autside corporate iimits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RURAL and ONB TERRE TAIN D CUMBERLAND 1 MO. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 212 CECELIA STREET MEMORIAL HOSPITAL 3. NAME OF First Middle 4. DATE Last DECEASED (Type or print) JAMES CAMPBELL DEATH MAY S SEX 6. COLOR OR RACE AGE (In veors 7. MARRIED **NEVER MARRIED** 8 DATE OF BIRTH last buthday) 1-9-1909 WIDOWED DIVORCED MAI F 100 US_AL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or Foreign country) during most of warking life, even if retired ONF INDUSTRY NORTH CAROLINA NONE 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME CAMPBELL SIPPLE MOBLEY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) (If yes give war or dates of service MEMORIAL HOSPITAL. CUMBERLAND. MD. NONE 18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' -110,4 DUE TO Canditians, if any, which gave rise to immediate couse (o). **DUE TO** stating the underlying cause PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20g ACC DENT WAS JNDERLYING [206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of tem 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) Hour a.m. factory, street, affice bldg, etc) 21. I certify that (1) (this haspital) attended the deceased fram Max 15, 1967, to Max 18, 1967, that (1) (we) last saw the deceased alive an 17 19 67 and that death accurred at 5:30% troph causes and on the date stated above.

The low requires that the death certificate be executed within 24 hours offer or removol, os been os the or aftending Health 1 detached Poge 4 may be retoined DIRECTOR: director page should be filed O FUNERAL

22n SIGNATURE

22c PHYSICIAN'S

23a BURIAL, CREMATION,

24 FUNERAL DIRECTOR

NAME (Type)

23b DATE THEREOF

BYRON KIGHT

MAY 20, 1967 SUNSET MEMORIAL PARK ADDRESS

23c NAME OF CEMETERY OR CREMATORY

CUMBERLAND, MD

MED DIRECTOR

23d LOCATION (C#y or Town)

e IS RESIDENC ON A FARMS

IF JADER 24 HRS

Haurs

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPS PERFORMED?

> > NO

(State)

IF LINDER 1 YEAR

Days

12 CIT ZEN OF WHAT

COUNTRY LISA

Months

CUMBERLAND, MD.

DATE

ADDRESS

VIRGINIA AVE. CUMBERLAND, MD.

(County)

22b. DATE SIGNED

40 d . 1 . 1

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 acone

OPODO

١	0000	3-		CEKTIFICATE	OF DEATH		027.49
	1. PLACE OF DEATH						tion: Residence before admission)
Ц	a. COUNTY	Allegany		MARYLAND	o. STATE Mary	rland b. cou	Allegany
	b CITY OR TOWN	(If autside camparate imit and give nearest town)		LENGTH OF STAY IN 16		tside carparate limits, write RU	IRAL and give nearest tawn)
	Cumber.	Land		4/1/1966		perland	87.
		PITAL OR INSTITUTION (IF I		•	d. STREET ADDRESS	4). Po= 0	e IS RESIDENCE ON A FARM?
		y County	Inlirma		<u> </u>	#4, Box 9	AEZ NO 🔀
١	3 NAME OF DECEASED		irst	Middle Thomas	Carder	OF May	
	(Type or print) S SEX	Geo 6 COLOR OR RACE	7. MARRIED		8. DATE OF BIRTH	9 AGE (n years	I IF UNDER 1 YEAR IF UNDER 24 HRS
I	Male	White	WIDOWED X	DIVORCED	10/20/1871	1 92t birthday)	Months Days Hours Min
ı	10a USUAL OCCUPATI during most of worki	ON (G ve kind of work done ng lite, even it retired) M.C. R. R.	10b. KIND (OF BUSINESS OR IRY	11 BIRTHPLACE (County Maryland	& State, ar foreign country)	12 CITIZEN OF WHAT
ŀ	13. FATHER'S NAME	W/PIC. R.R	taru	illoff	14 MOTHER'S MAIDEN		0. 0. 4.
1		Carder			Jane Twi		
ŀ	TS WAS DECEASED !	VER IN U.S. ARMED FORCES?		AL SECURITY NO 17	INFORMANT P.O.	30x 599, Addr	efumberland, Md.
n	(Yes, no, or unknow)	n) (If yes give war ar dates	212-	24-0949 Al	legany Cou	unty Infirma	ary records.
ı	18 CAUSE OF	DEATH (Enter only one co	use per line for (a),	(b), and (s))	20 1	1 11:	INTERVAL BETWEEN ONSEL AND DEATH
	1100	EATH WAS CAUSED BY: IMMEDIATE CAUSE	(a) (ll	sul my	ocordia.	- Susuffice	Elley Belly.
	Conditions if a	ny, which gave }	E TO 1204	tia Our	Burnelle.	00	Section 340
	rise to immed	iate cause (a), ((b) CCCC	uc uns	wym	1 0	Mant Shirt
	stating the un last	derlying couse	() Chity	15HN. Er	the Mysel	annial man	11. 304/22
	PART II OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO D	EATH BUT NOT RELATED TO	THE TERMINAL DISEASE (O)	NDITION GIVEN IN PART 1(g)	19 WAS AUTOPSY PERFORMED?
1	CATIC						YES NO E
١		VAS UNDERLYING ☐ NG ☐ CAUSE OF DEATH	205. DESCRI	BE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part II of item 18.)	
ı	(IF EITHER, NOT	FY MEDICAL EXAMINER)	204 101111	N OCCUPATION I 20. DEA	CE OF INJURY (Home, form	n. 20f (City or town)	(County) (State)
	20c. TIME OF I	NJURY Month, Day, Year a.m. p.m. 19	While -	Not While fact	ary, street, affice bldg, etc.)		
ĺ	21. I ce	rtify that (I) (this ho	bebretto (latiqa	the deceased from_	4/1/66	9, to <u>5/29/</u>	57, 19, that (I) (we) la
1		deceased olive an	727/01	19, and tha	death occurred of	M, from couses	ond an the date stated above
	22o. SIGNATU	John a	Towner	MJ	D. PHYS.	MED DIRECTOR IN STAFF XI	X 5/3/ /1967
/	22c. PHYSICIA NAME (Ty		Topper	1110	22d. ADDRESS	al Hosp. Churc	berland mod .
	23a BURIAL, CREMA			3c NAME OF CEMETERY OR		23s. COCATION (City or To	, ,,
	REMOVAL (Spe		1, 1567	Oldtown Cer	V		Md.Allejany
	24. FUNERAL DIREC	TOR		ADDRESS	2So. REC'I	D BY REGISTRAR 25b. R	EGISTRAR'S SIGNATURE

DATE JUN 5

1987

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

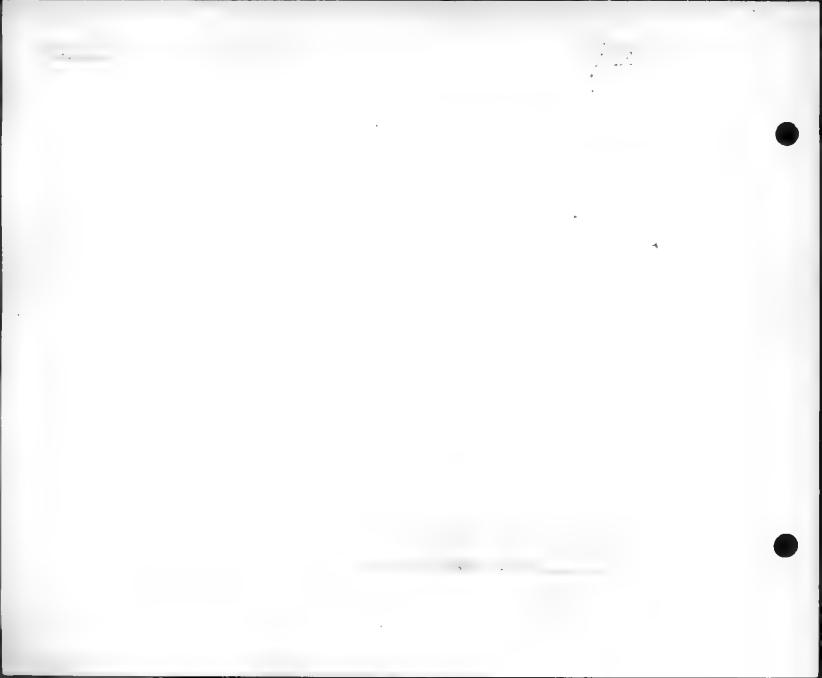
Page 4 may be retained by the haspital or attending physician.

VR A15 (4)*

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remake-karba≡ papers. Pages 1 and shauld be filled with the State Dept of Health prior to burial, crematian, ar remayal, and in any eyent, within 72 hours after their

any eyen

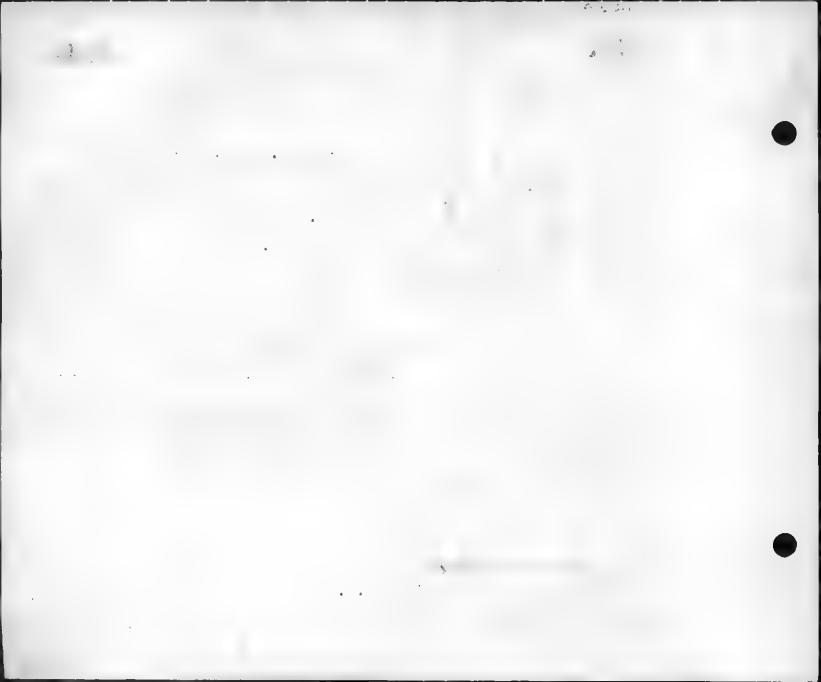
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06009 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) PLACE OF DEATH , 7, and ... PM3. Page o. COUNTY o. STATE b. COUNTY Maryland Allegany Allegany ₽ death. MARY, AND delay c CITY OR TOWN (If outside corporate imits write RURAL and give nearest town) b CITY OR TOWN (If outside corporate 1 mits, c LENGTH OF STAY IN 16 write RURAL and give nearest tawn) ter Route 1, Oldtown Road 9 mos. Route 1.Oldtown Road d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE farm ON A FARM? haurs Bear Hill Road Bear Hill Road YES NO X 8 Give Pages orte 24 hours after death W ‡ 4 DATE 3 NAME OF Middle Lost Month Doy First e Ste 72 | DECEASED the 16 67 Christensen May Soren DEATH 5 (Type or print) With I With 8 DATE OF BIRTH 9 AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE NEVER MARR ED TX 7 MARRIED lost birthdov) Months Doys Hours Мη Sept. 5, 1889 Male White WIDOWED DIVORCED event Office 2 11 BIRTHPLACE (Stote or fore gn country) 12 CITIZEN OF WHAT 100 USUA, OCCLPATION (Give kind of work done 10b KIND OF BUSINESS OR COUNTRY 7 during most of working life, even if retired) INDUSTRY Standard Oil Co. Denmark USA ony Retired pencil in Chief Medical Examiners pages 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME This certificate should be executed within ⊑ Unknown Unknown e IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) ar remayal. Mrs. Ann B. Bishop, Route 1, Oldtown, Md. no INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) al-trans.t PART I DEATH WAS CAUSED BY Coronary Occlusion IMMEDIATE CAUSE (o) writing the ward burial, cremation, DUE TO Sclerosis Coronary Conditions, if any which gave use to immediate couse (a). 4 should be farwarded to DUE TO stating the underlying couse B 9 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION NO XXX the certificate, pe agent, prior ta 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of in any in Port I or Part II af item 18) 3 should PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) While Not While 5 may be retained for your o FUNERAL DIRECTOR: Page ot work at work 2) I certify that I took charge of the remains described above, held on Autopsy [7], Inspect on X, Ingury X. and in my opinion Undetermined manner Accident . death resulted from: Natural causes X Suicide . Homicide | the funeral director CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER [] May 16,1967 22 DATE SIGNED ACTUAL SIGNATURE 4 O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) Rt.9 Cumberland Md. Benedict Skitar Lic. M. D. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION 23b DATE THEREOF (County) BREMOVAL (Specify) May 18,1967 Davis Memorial Cemetery Cumberland, Ed. Allegany 250 REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15ME (5) James F. Scarpelli, Cumberland, Md. ml and a landet 6M 1/66



VR A15 (4) 20 M 1/66

	0601(}	CERTIFI	CATE	OF DEATH		0	6000
Ĩ	PLACE OF DEATH o. COUNTY	Allegany	MARYL	AND	C W L W C	there deceased lived, if land		ce before odmission)
	b CITY OR TOWN (If outs de corporate Hmits, c LENGTH OF STAY IN 1b write RURAL and give negrest town) Cumbertand 9/29/64				c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LaVal			
		at or institution (if not in tary County I				e IS RESIDENCE ON A FARM? YES NO K		
	NAME OF DECEASED (Type or print)	Bliza l	ooth R.		Close	4. DATE OF Ma: DEATH Ma:		30, Year
	sex Fomale	White	ARRIED NEVER MARRIED IDOWED DIVORCED		7/2 2/1 885	9. AGE (In y	day) Months yrs	Doys Hours Min
dut	na most of working!	(Give kind of work done life, even if ref red) Stenograp	10b KIND OF BUSINESS OR INDUSTRY BADY	r	Eckhart M	ines, Fro	tburg,	UNITRY? WUS.A.
13.	Alexander Close				14. Mother's Maiden name Margaret Ferguson			
15 (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give wor or dotes of service)				nformant P.O. E Llegany Co			berland, Md records.
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if ony, which gove (b) rise to immediate cause (c).				rusial) Kirase	usuffici a	lly agn	INTERVAL BETWEEN ONSET AND DEATH
	stating the under	lying couse DUE 10	chr. 1911.	0	with flyp	n trusion	- //	1374
MEDICAL CERT FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)						19 WAS AUTOPSY PERFORMED? YES NO	
	206 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCC	URRED	(Enter nature of injury in I	Port I or Port II of item	18)	
MEDICA	20c. TIME OF INJU Hour o.n p.n	7.0	While Not While of work of work		CE OF INJURY (Home, form ory, street, office bldg., etc.)			unty) (Stote)
	21 I certify that (I) (this hospital) attended the deceased fram 9/29/64, 19, to 5/30/67, 19, that (I) (we) las saw the deceased alive an 5/29/67 19, and that death occurred at							
	220 SIGNATURE ATTENDING MED DIRECTOR D							
	122 PHYSICIAN'S JOHN A TOPPEN, Mo Churkerland Rod							
230 BURIAL, CREMATION, BENOVAL (Specify) 236 NAME OF CEMETERY OR FREMATORY 23d LOCATION (City or Town) (County) (Store) BENOVAL (Specify) 6-1-1967 6 Cloud Chicat Chicat Chicat Chicat Chicat								
24. FUNERAL DIRECTOR Joseph R. Durst, Freathers Doursellin Q 4007 Colored Surder								



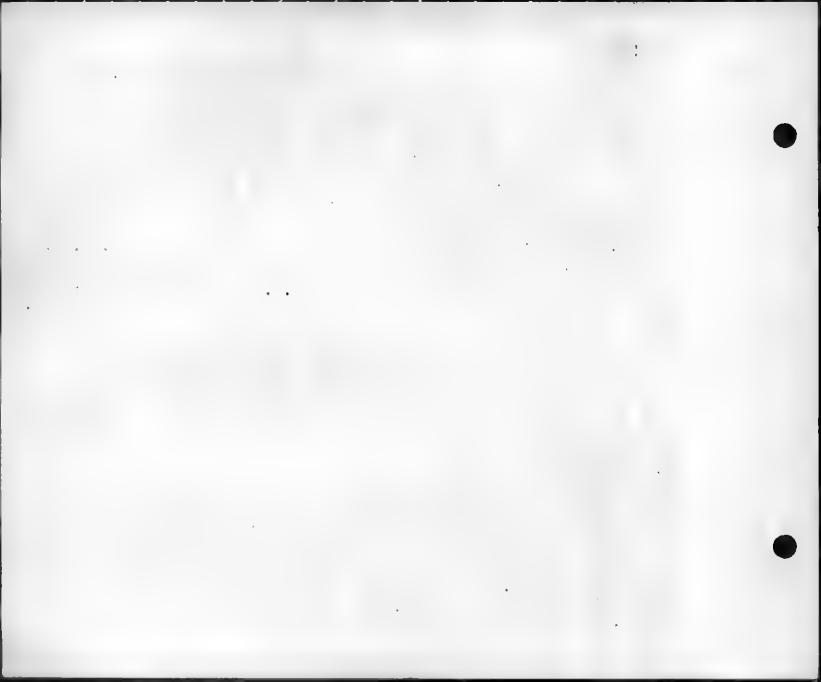


DAMAY

VR A15 (4) 20 M 1/66

JOSEPH R. DURST, FROSTRIRG, MD.

ť



ARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmissig a. COUNTY b. COUNTY Allegany W. Va. MARYLAND Hampshire b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN [If autside corporate l'm'ts, write RURAL and give neerest town) write RURAL and give neerest town) Cumberland Hour Augusta d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Memorial Hospital YES NO 3. NAME OF Midda 4. DATE Morth DECEASED (Typa or print) DEATH James Blake Davis May 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF JNDER I YEAR IF UNDER 24 HRS. last birthday) Months Male WIDOWED [DIVORCED yrs. 10a. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) aborer West Vir ninia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Davis Pauline 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyasgivewerordalesofservical 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Shock Hours IMMEDIATE CAUSE (a) DLIE TO Office Extensive Body Burns Conditions, It eny, which Hours (b) gave rise to immediate causa U1 173 DUE TO (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19, WAS AUTOPSY CERTIFICATION PERFORMED NO No crem 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Itam 18.) PRIMARY or CONTRIBUTING [truck which overturned and caught Ф <u>Т</u> 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, , 20f. [City or lown) (County) (Stete) factory, street, office bldg., etc.) X at work Junetion 50 % 220 Near Keyser. forwarded to 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry X and in my opinion death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER should be forware to read the standard by FUNERAL DII ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY DEPUTY MEDICAL EXAMINER X MAY NAME (Type) M.D. Address (Street, city, town, or county) Cumberland. 22a, BURIAL, CREMATION. 22E. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) 40 6 RurialTearcoat Hampshire 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 9/60

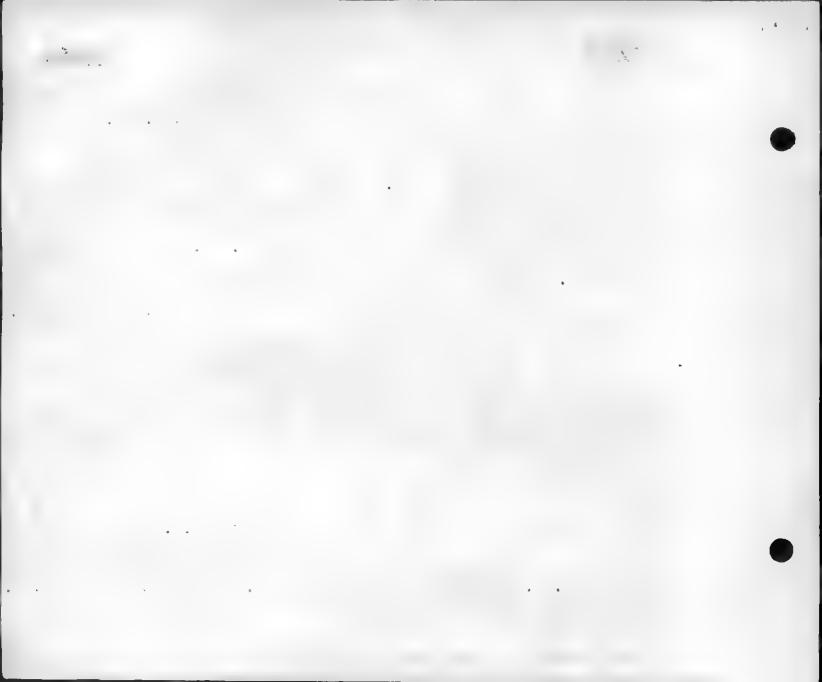


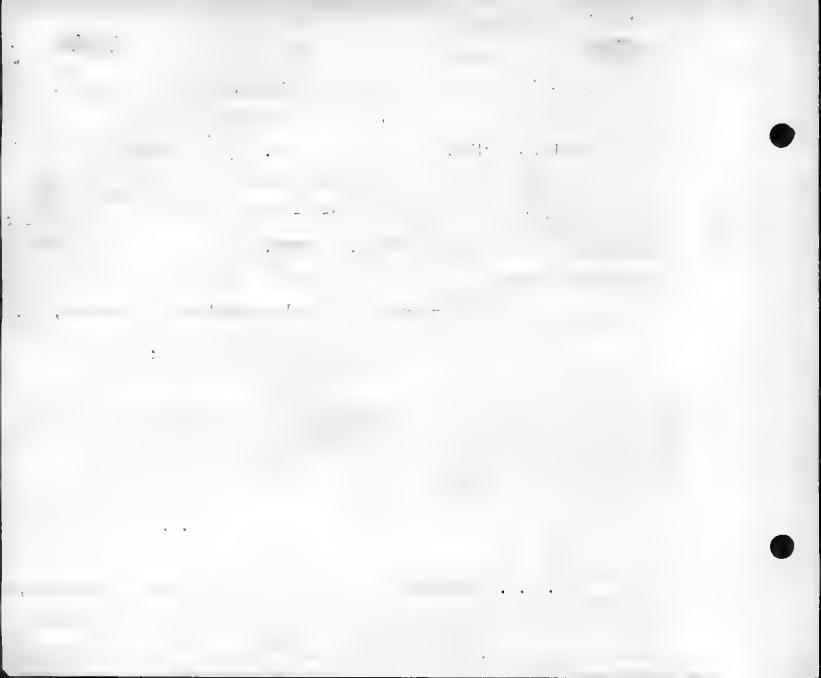
VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06015 CERTIFICATE OF DEATH

	COOT	,	CERTIFICATE	OI DEATH		សសស ស ស				
1	PLACE OF DEATH			2 USUAL RESIDENCE (Where deceased	lived, if institution: Re	sidence beigre admission)				
	a. COUNTY A	LLEGANY	MARY! AND	O. STATE MARYLAND	6 COUNTY A	LLEGANY				
	b CITY OR TOWN (If outside corporate limits,	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate						
	write RURAL an	d give nearest tawn) UMBERLAND	4 DAYS		LD. W. VA					
Г	d NAME OF HOSPIT	AL OR INSTITUTION (If nat in haspital,	give street address)	d. STREET ADDRESS		e IS RESIDENCE				
L		EMORIAL HOSPIT		311 ELM	STREET	ON A FARM?				
3	NAME OF	First	Middle	Last 4 DATE	Month	Day Year				
П	(Type or print)	MARION	H.	DEAHL OF DEATH	MAY	14. 19 67				
S.	SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B OATE OF BIRTH 9 4		DER 1 YEAR SE UNDER 24 HRS				
	MALE	WHITE WIDOWED	DIVORCEO	12-10-1901	last bighday) Mont	ths Ooys Hours Min				
10	o USUAL OCCUPATION		KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreig	jn (ountrγ) 1	2 CH ZEN OF WHAT				
OQ	RETTR	Devended Teacher	NDUSTRY Education	DAVIS. W. VA		COUNTRY?				
13	3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME						
L	CALVII	J. DEAHL		SARAH HUFFMAN	N					
15	S. WAS DECEASED EVE	R IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO 17. I	NFORMANT	Address					
	co, no, or onknowny	(ii yes give wal or dules at service)		MEMORIAL HOS	PITAL, CUM	MBERLAND. MD.				
	18 CAUSE OF O	EATH (Enter only one couse per line fo	/	1 1 5	INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Homonly mls L. Longlegio, etternisons El ANO DEA										
		OUE TO Q	1 -	11 1		2 m xxx				
	Conditions, if any	e rause (a)	aro array	monfoloney		~ miny				
	stating the unde		I'm De an mar	in diseise	11 Ha A	5 3				
	last.) (c) 2 1 /	· co ca co y mas							
NO	PARI II. DIHER SI			THE TERMINAL O SEASE CONDITION GIVEN I	N PART 1(0)	PERFORMED?				
IS	7/\		roma	3 /		YES NO				
L CERTIFICATION	20a ACCIDENT WA OR CONTRIBUTING (IF EITHER NOTIFY	S UNDERLYING LI 1/ 206. 0 CAUSE OF DEATA MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED	(Enter noture af injury in Part I or Part II	of item 18)					
MEDICAL	20c. TIME OF INJU-		INJURY OCCURRED 20e. PLAG	CE OF INJURY (Hame, farm, 201. (1	City or town)	(County) (State)				
×	p.1	Antili.	e Not While fact	ory, sileer, drike blag., etc.)						
	21. I certi	fy that (I) (this haspital) atter	ided the deceased fram_Z	0 may , 1967, to	14- may	19 <u>67</u> , that (I) (Tve.) last				
		eceased alive an 13 m	519 <i>6</i> 1, and that	death occurred at 3:55%, I						
	220 SIGNATURE	valhed vo	in denses Mc	ATTENDING MED.		4 man 6 1				
	22c. PHYSICIAN'S			22d ADDRESS		/ - /				
	NAME (Type)	W. CA. VAN OR	MER	122 SO. CENT	RE ST.CU	MBERLAND, MD.				
23	a. BUR AL CREMAT	ON, 236 DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY 23d LOCA	TION (City or Town)	(County) (State)				
	REMOVAL (Specify Burial					st Virginia				
2	4 FUNERAL DIRECTO	R	ADDRESS	2Sa. REC'D BY REGISTRAR		R'S SIGNATURI LINGS				
	Thrush F	uneral Home, Moor	efield, West V:	irginiadate MAY 25	1967 /	0				





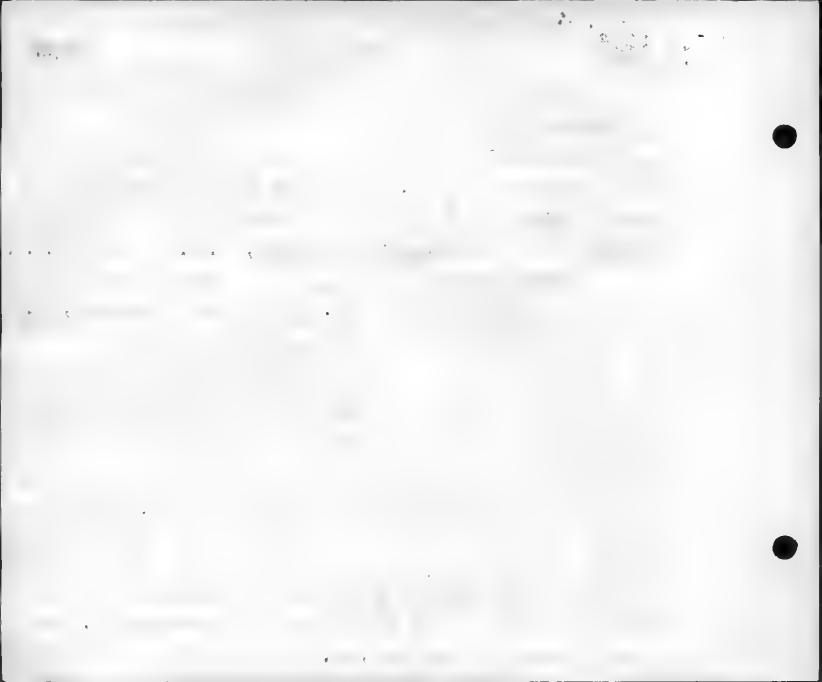
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		06817			CERTIFI	CATE	OF DEATH			96	906
V		PLACE OF DEATH					2 USUAL RESIDENCE (V	Where deceased liv	red, if institut an F	Residence before a	idm ssian)
/		o. COUNTY	egany		MARYL	LMPS	d. STATE Mary	land	b. COUNTY	Allega	ntr
	-	b CITY OR TOWN (If auts			C LENGTH OF STAY IN		c CITY OR TOWN (If ou	ts-de corporate la	nits, write RURAL a		
		write RURAL and give	nearest tawn)	,			,		that the testing a	g	,
	_	Frostb d NAME OF HOSPITAL OR		4 7 - 1 4 - 1 -			d. STREET ADDRESS	coning		01	S RESIDENCE
15	·			_	line zitaai noolazz)					(ON A FARM?
Go.			Hospit					e Stree		YES	
A		NAME OF DECEASED	Fire	st	Middle		Lost	4 DATE OF	Manth	Day	Year
		(Type or print)	Edward		L.		Elkins	DEATH	May	29	19 67
1	S		OLOR OR RACE	7. MARRIED			B. DATE OF BIRTH	las			Hours I Min
			White	MIDOMED	DIVORCED		10/8/19	04 ()2 Yrs		
	10a	USUAL OCCL PAT ON (Give ing mast af working life, ev	k nd of work done	IN	ND OF BUSINESS OR DUSTRY		11 BIRTHPLACE (County	& State, ar fareign	country)	12 CIT ZEN OF W COUNTRY?	THAT
		Laborer	, , , , , , , , , , , , , , , , , , , ,	Co	nstructio	n	Keyser	. W. Va	da.	COUNTRY!	U.S.A.
	13	FATHER'S NAME					14. MOTHER 5 MAIDEN I	TAME			
		J	oseph E	lkins				Mai	cy Ann	Gay	
	15	WAS DECEASED EVER IN U	S ARMED FORCES?	16 5	SOCIAL SECURITY NO		NFORMANT		Address		
	(10	s, no, or onknown) (in ye:	give war ar acies a	1 201 A LEG		Mr	s.Gladys	Elkins	Lona	coning,	Md.
		18 CAUSE OF DEATH	Enter anly one cou	se per line far	(a), (b), and (c))	11	Wilen	^			AL BETWEEN
		PART I. DEATH WA	IS CAUSED BY, IMMEDIATE CAUSE ($_{\rm fit}$ $\Omega_{ m col}$	ute co	101	and o	celus	ien	ONSET	AND DEATH
		4201	DUE		(7	210			1	
		Canditions, if any, whic		(b) Con	provo	S	markers	mcy		115	41.
		nse to immediate cau stating the underlying	se (a), (Delc	-	- · Ø		1 - 1				7
		last		(a) Lens	enosch	12 S	115 - 901	waran	ned	يري ا	ears
		PART II OTHER SIGNIFICANT CONDITIONS CONTR. BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)								19 W	AS AUTOPSY
2	CERTIFICATION	Ungow	tralled	dis	Jet in m	000	iten - a	LCI Chis	Sie	YES	RFORMED?
	IFIC	20g ACCIDENT WAS UND		205 DE	SCRIBE HOW INJURY OCC	URRED	(Enter nature of injury in	Part I or Part II o	f item 18.)		
	CERI	OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC							·		
	MEDICAL	20c TIME OF INJURY A		20d IN	JURY OCCURRED	20e. PLAC	CE OF INJURY (Hame, fam	t, 20f (Cit	y ar fown)	(County)	(State)
	MED	Haur a.m p.m.	19	While at work	Nat While at work	fact	ary, street, affice bldg , etc)				
				99	ded the deceased f	ram		9 6 9 to	via 29	(, 19 <u>6</u>), that	(I) (we) last
		saw the decea			2-9 196 7. al	nd tha	death occurred at	2 DM. fro	am couses and	an the date	stated abave.
		220 SIGNATURE	\	D					1.2	22b. DATE SIGNED	
		The	was	es i	A.	M.0	ATTENDING PHYS	MED DIRECTOR	STAFF PHYS.	5.29	1.67
		22c. PHYSICIAN S			. V .	_	22d. ADDRESS			- 2	
/		NAME (Type)	17 14	ニトド	SUR.	M.1) LONA	CONII	V6 1	NO.	
	23a	BURIAL, CREMATION,	23b. DATE THE	REOF	23c NAME OF CEMET	ERY OR	CREMATORY	23d LOCATIO	ON (City or Tawn)	(County)	(State)
		Burial	6/1/	67	Oak Hil	1 0	emetery		aconing	A.	Md
		FUNERAL DIRECTOR	· · · / -/		ADDRESS			BY REG STRAR	2Sb REGISTR	RAR'S SIGNATURE	2.44
		George Ei	chhorn	L	onaconing	. N	Id. DATE M.	AY 31 1	967 /	liantes &	udge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burnal-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, or remaval, and in any event, within 72 hours offer each.

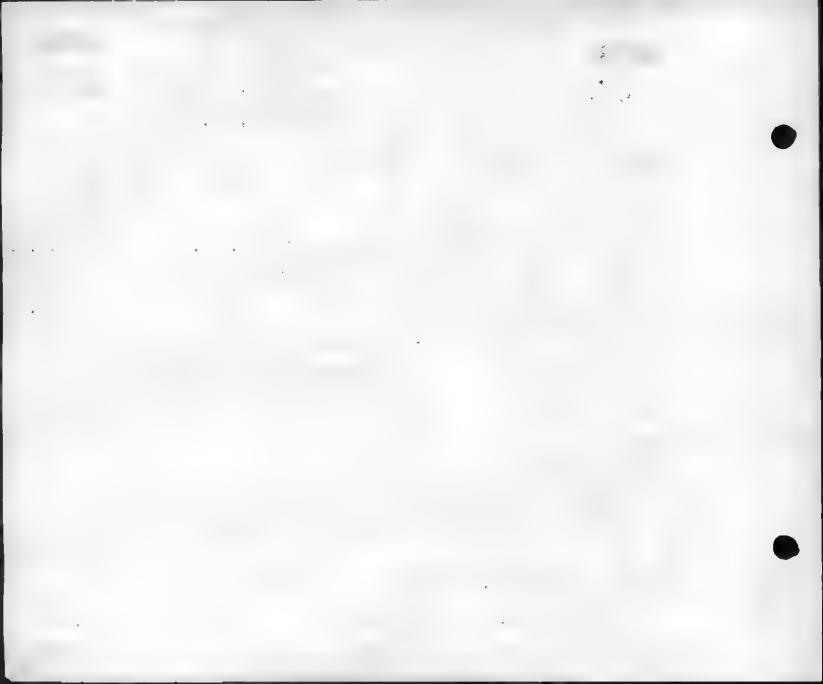
VR A15 (4) 20 M 1/66

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician

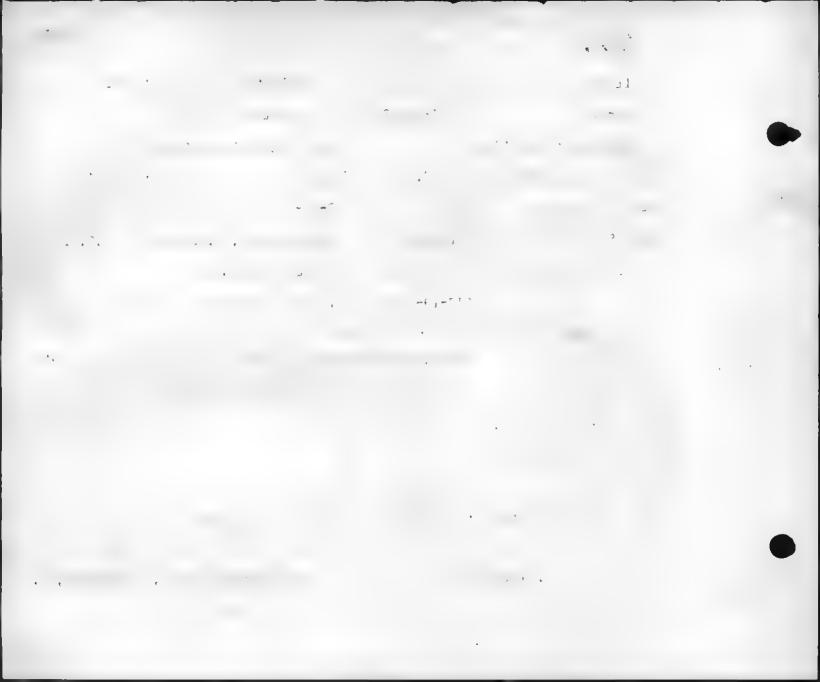


		, DIVISION OF VITAL	RECORDS, 301 W. PRESTO	ON STREET, BALTIMO	ORE, MARYLAND 21201	20000		
	06618		CERTIFICATE			08007		
1	PLACE OF DEATH g. COUNTY				Where deceased lived, if institution	Res deng before redneston)		
	ALL	EGANY	MARYLAND	a. STATE PENN	b. COUNTY	BEXDEXORDE		
	b. CITY OR TOWN (I	f outside corporate fimits,	c LENGTH OF STAY IN 16	c CITY OR TOWN (If au	utside carparate limits, write RURAL	and give nearest tawn)		
L		BERLAND	3 DAYS	HYNDMA	N, PA.			
		AL OR INSTITUTION (If not in haspita		d. STREET ADDRESS	RD#1	e IS RESIDENCE ON A FARM?		
		MORIAL HOSPITA	NL .			YES 🔀 NO 🗌		
3	NAME OF DECEASED (Type or pnnt)	CLAREN	CE B Middle	EMERICK	4 DATE Manth MAY	28 1967		
	SEX MALE	WHITE WIDOWE		8. DATE OF BIRTH 9-14-77		UNDER 1 YEAR IF UNDER 24 HRS anths Days Hours M.n		
10	USUAL OCCUPATION		KIND OF BUSINESS OR	11 BIRTHPLACE (County	& State, ar fareign country)	12 CITIZEN OF WHAT		
ďυ	und water pathiring	ire, even it rented)	INDUSTRY	НҮИОМ	AN, PA.	COUNTRY? U.S.A.		
13	FATHER'S NAME	EMEDION.		14 MOTHER'S MAIDEN				
		EMERICK			BETH BONELL			
(Y	es, nd, or uniten wn)			INFORMANT IEMORIAL H	OSPITAL CUMB	ERLAND, MD.		
	PART I. DEAT	ATH (Enter only one cause per line ! H WAS CAUSEO BY IMMEDIATE CAUSE (o)	for (a), (b), and (c))	Luis Heart	1 Faiture	INTERVAL BETWEEN ONSET AND GEATH		
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) OUE TO Conditions, if ony, which gove nise to immediate cause (a), OUE TO Quenclized arteriorseless:							
	rise to immediate							
	stating the under							
		J (c)	TO OCATH DUT NOT PELATED TO	THE TERMINAL DISEASE COL	MDITION CIVEN IN PART 1(a)	19 WAS AUTOPSY		
NOIL	PAKI II GIIIEK 310	O O	0 0	. /		PERFORMED? YES NO PC		
Ę	20g ACCIDENT WAS	DNOFRLYING D 20h	DESCRIBILHOW INJURY OCCURRED.	(Enter nature of niery in	Part Lar Part II of Item 18.)	1 18 11 110 111		
CERT FICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)		ferrar respect of dark in	(21,7) (21,7) (1) (2)			
MEDICAL	20c TIME OF INJU	IRY Month, Day, Year 20d		ICE OF NJURY (Hame, farn tory, street, affice bidg , etc		(Caunty) (State)		
	21 certif	y that (I) (this haspital) atte		MUL	964 to May 28	1962 that (I) (we) last		
	saw the de	ceased alive an	7 1967, and tha	t death accurred at	:35A M, fram causes and	an the date stated above		
	220 SIGNATURE	1		ATTENDING	MEO - STAFF	22b. OATE SIGNEO		
		William 8 V	Cerrer M.	O PHYS X	DIRECTOR PHYS	5/29/67		
	22c. PHYSICIAN'S NAME (Type)	DR. W. P.	IAMES	CUMBE	RLAND, MD.			
23	BUR AL, CREMATIO		23c NAME OF CEMETERY OR		23d. LOCATION (City or Tawn)	(County) (State)		
	MENORAL PROPERTY	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	*			rset Co., Pa. RD#1		
2	4 FUNERAL DIRECTO	1/4 /	ADORESS		11/21	RAR'S SIGNATURE		
	HEWELKI	1. Telger	Hyndman, Pennsy	lvania DAT N	5 1967 /	erles judge		

II FISTITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye corban papers. Pages I should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and infantagent) within 72 hours after Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67



1 x		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M/	ARYLAND
		06019 Ttem #9 Film CERTIFICATE, OF DEATH	35708
24 hours after death. filled in by the fuperal apers. Pages 1 and and 72 hours after death.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Res a. COUNTY a. STATE b. COUNTY	
rs after by the f Pages 1 urs after		ALLEGANY b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	ind give nearest town)
nours afte in by the s. Pages hours afte		write RURAL and give nearest town) CUMBERLAND 16 DAYS CUMBERLAND	
filled in papers.	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	_	SACRED HEART HOSPITAL 507 PRINCE GEORGE STREET	YES NO W
ited within completely ve carbon event, withi	3.	NAME OF First Middle Last 4. DATE Month DECEASED DF	Day Year
ted wi	5.	(Type or print) JOHN J. FOLEY DEATH MAY SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE In years FUNDER 1	14 19 67 YEAR JIF UNDER 24 HRS
executer and con remove	۱ ۸		Days Hours Min.
be ex islan a sase re	108	. USUAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR III. BIRTHPLACE (County & State, or foreign country) 12. CIT COUNTY (COUNTY) 13. BIRTHPLACE (County & State, or foreign country) 12. CIT COUNTY (COUNTY) 13. BIRTHPLACE (County & State, or foreign country) 14. BIRTHPLACE (County & State, or foreign country) 15. BIRTHPLACE (County & State, or foreign country) 16. BIRTHPLACE (County & State, or foreign country) 17. BIRTHPLACE (County & State, or foreign country) 18. BIRTHPLACE (County & State, or foreign country) 18. BIRTHPLACE (County & State, or foreign country) 19. BIRTHPLAC	TIZEN OF WHAT
te be ysigian olease and ii	F	LANT SUPERVISER CELANESE WESTERNPORT, MD. ALLEGANY U.	
ificate g priysi	13,	FATHER'S MAME 14. MOTHER'S MAIDEN NAME WILLIAM Foley FILEN (HORAN)	
attending semit. Then	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
death-Certificate be executed within the attending physician and completely permit. Then please remove carbon tion, or remover, and in any event, with	CYT	s, no, or unknown) (If yes give war or dates of service) NO PATIENTS HOSP RECORD SHH	
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
at the signation of the signature of the		PART I. DEATH WAS CAUSED BY: MYOCARDIAL FAILURE	2 WKS,
ires that the ophysician. In signed by the burial-transit oburial.		Cenditions, If any, which) DUE TO ARTERIOSCLEROTIC HEART DISEASE	20 YRS.
iquir Rg p Rean een to bi		gave rise to immediate	E 0.000
law requil ttending I has been s as the b prior to t	2	underlying cause last. (c) FOLMONARY EMOULTSN-DRONCHITTS-EMPHYSEMA	5 DAYS
V: The la tal or att ificate h for use Health p	ATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORATED DUODENAL ULCER WITH PERTON ITIS	PERFORMED?
CIAN: The ospital or a certificate for use for use to Health	CERTIFICATION		I LJ LE
ICIAN nospiti certi ched f	- N	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) NONE	
PHYIICI the hos this ce detache e Dept.	MEDICAL	ZDc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 2Df. (City or town) factory, street, officebidg., etc.) While Not While Not While NONE	nty) (State)
JING P d by t After d be c	MEC	p.m. 19 at work 1 APRIL 29 67 MAY 14	67.00 (0.00)
etained etained TOR: A should th the		21. I certify that (I) (this hospital) attended the deceased from 31 11 23, 19 7, to 13 14, 19 67, and that death occurred at 3.10 M, from the causes and on the	67 that (I) (we) las
L OR ATTENE y be retaine y DE CTOR: age 3 should		22a. SIGNATURE 22b. DA	TE SIGNED
AL OR 1ay be In DIR DIR DIR Filed		M.D. PHYSICIAN'S ATTENDING ## MED. STAFF DIRECTOR PHYS. 5-1	3-07
PITA 4 ma for, a		MARIE (Type)	LAND MD
TO HOSPITAL OR ATTENDING PHY ILCIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by tidirector, page 3 should be detached for use as the burial-transit should be filed with the State Dept. of Health prior to burial, crema	23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town of cour	nty) (State)
10 0	1	BEMOVAL (Specifix) May 16, 1967 St. Lary's Cemetery Cumberland, Md.Al.	legany
2		A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	ay Junga
VR A15 (4)	_	DAILMIN I 130/	No.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove, and papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in an event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

DIVISION O

	MARYLAND STATE DEPARTMENT OF HEALTH
F	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	CEDTIFICATE OF DEATH

USII2D CERTIFICAT	C OF DEATH
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. COUNTY ALLEGANY MARYLAND	a. STATE b. COUNTY
	MARYLAND ALLEGANY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
CUMBERLAND, MD. 13 DAYS	FROSTBURG.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 95 BRADDOCK STREET B. IS RESIDENCE ON A FARM?
SACRED HEART HSOPITAL	FROSTBURG, MARYLAND 21532 YES NOW
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
(Type or print) ETHA P	FULLER DEATH MAY 6 19 67
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR HFUNDER 24 HRS. last birthday) Months Days Hours Min.
FEMALE WHITE WIDOWED DIVORCED	2-9-1894 73 yrs.
102. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or Toreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	LAUREL DALE, WAVA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM H. WALLBOTT	SYNTHY (BURGESS) WALLBOTT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) ((1) yes give war or dates of service)	INFORMANT Address
NO 217-05-7655	HOSP. RECORD SACRED HEART HOSPITAL
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY. 12	ONSET AND DEATH
IMMEDIATE CAUSE (a) / MECSURE COV	many orchier muntes
DUE TO A	=- (
	tic. V. D. Years
gave rise to Immediate (
cause (a), stating the underlying cause last. (c)	
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
5 Surgery may 1,1967 - cholonyster	tony + umbiliso herria repair YES T NO X
	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLJ	ACE OF INJURY (Home, farm, 20f. (City or town) (Gounty) (State) ory, street, office bidg., etc.)
20c. FIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLJ Hour a.m. While at work at work at work	ory, street, onice drug., etc.)
21. I certify that (I) (this hospital) attended the deceased from	4/23 1967 to 5/6 1967 that (1) (we) last
	t death occurred at 6 AM, from the causes and on the date stated above.
82a. SIGNATURE	LOOP DATE CLOSED
Thomas + Slevis	D. ATTENDING MED. DIRECTOR PHYS. 5 6 6 7
22c, PHYSIGIAN'S	1 22d. ADDRESS
NAME (Type) DR. T. LEWIS	CAA ADWELL AT ALL AT
232. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	
BURIAL MAY 8 67 POG. MEMORIA 24. FUNERAL DIRECTOR ADDRESS	L PARK FROSTBURG MD
	IMAY O 4007 LOTE & 0
JOSEPH R. DURST, SR., FROSTBURG, M	D. MAY 9 1967 Icharles Judge

VR AI5 (4) 20M I/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

44 = 84 2		06021 CE	RTIFICATE	OF DEATH		()(6010
unerol I ond I		PLACE OF DEATH	7	2. USUAL RESIDENCE (V	Vhere deceased lived, if it	COUNTY	· ·
. 5	L	ALLEGANY	MARYLAND	o. STATE MARYL	AND "	ALLE	GANY
ours ofter by the fi Pages ours ofte		b CITY OR TOWN (If outside corporate limits, c LENGTH OI write RURAL and give nearest town)	STAY IN 1b	C. CHY OR IOWN (IF OU	tside corporate limits, wri	ite RURAL and give nee	orest town)
by the Page	_	CUMBERLAND 6 DA	Y 9 HR		RLAND	/1 /	,
in 24 ho illed in 1 papers. nin 72 ho		d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddr	ess) (d STREET ADDRESS			e IS RES DENCE ON A FARM2
filled pape thin 72		MEMORIAL HOSPITAL			IRGINIA A		YES NO K
with bon with		NAME OF First Mid	-	Lost	4 DATE OF		Doy Year
ed cor cor	5	(Type or print) SEX 6 COLOR OR RACE 7. MARRIED NEVER A		FUL TON DATE OF BIRTH	9. AGE (In ye	JAY 10	1967 AR TIF UNDER 24 HR
s executed with and completely fremove carbon	,	TO COLOR OR INCO		-30-1882	tost bigthd		
ond rem	100	MALE WHITE WIDOWED D CSUAL OCCUPATION IG we kind of work done IDD KIND OF BUSINES			& Stote, or foreign country)		TARW 30 I
ote be ician o leose ond in	dur	pa most of working life, even if retired) INDUSTRY	TIRED	BROADTOP		COUNT	
rtificote b physician en pleose ovol, ond i	_	FATHER'S NAME		14. MOTHER'S MAIDEN N		<u> </u>	USA
th certifing phy Then removo		IRVIN FULTON			LAVELLE		
ing Them		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURIT	Y NO 17 INF	ORMANT	CATELLE	Address	
aftendi oftendi oermit.		s, no, or unknown) (If yes give wor or dates of service) 216-22-	6298 MI	EMORIAL F	HOSPITAL,	CUMBERLA	IND, MD.
2 - 4.5		1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c			00-		INTERVAL BETWEEN
that th on. by the fransit p		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	U Drog.	resolvy a	Infecte	on	ONSET AND DEATH
# 56 50 50 50 50 50 50 50 50 50 50 50 50 50		DUE TO DUE	2 es	1 /-	-70		7
quir ohys sorrio ourio		Conditions, if ony, which gove (b) (b) The believe rise to immediate couse (o),	. / Man	alometou	o April	are	/ >
rel ng p en s en s to b		stoling the underlying couse lost.	4241	10 5	Var metra	udalara	142
lay endlay s pe		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT DELATED TO THE	TERMINAL DISEASE CON	DITION C VEN IN PART 1	(a)	19 WAS AUTOPSY
The off	CATION	That it office some some control of the control of	TO THE	CENTIFIED DISERSE CO.	DITION OF ENTINE TAKE	(0)	PERFORMED? YES TO NO TO
AN: or cate	Z E	20o ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW IN	JURY OCCURRED (En	iter noture of injusy in	Port I or Port II of Item 1	18)	
SICI.	CERTIFIC	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	,			•	
hoch bept	MEDICAL	20c TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRE		OF INJURY (Home, form		wn) (County)	(Stote)
the the del	ME	Hour o.m. While Not While of work of work		, street, office bldg., etc)			
Afte Afte by Steel		21 I certify that (I) (this haspital) attended the deco	eased from Z	My 7,1	96/, to /12/2	4/6,196	that (1) (we) la
OR:		saw the deceased alive an	and that d	leath occurred at	11:25. f@mWg		
reformation with with with the second		220 SIGNATURE	2	ATTENDING SA	MED STAFF DIRECTOR PHYS.	22b DATES	TGNED -4/3.196
De Distriction		22c PHYSICIAN S	M.D				
HOSPITAL gge 4 moy FUNERAL rector, pog nould be fill		NAME (Type) CLAY E. DURRETT		22d ADDRESS 236 VII	RGINIA AVI	E., CUMBE	RLAND, MD
Poge 4 I	230		OF CEMETERY OR CRE	EMATORY	23d LOCATION (City	or Town) (Cou	inty) (State)
Poge direct		Burial May 13, 1967 SS.P	eter & Pa	aul Cemete	ery Cumber		Allen
VR A15 (4)	2	. FUNERAL DIRECTOR James F. Scarpelli, Cumberlar		25 a REC 0	TY REGISTRAR 7	SHE ENGISTRARY SIGN	with ally
25M 1/67		dimed 1. Dearperry, dimedical	ru, ru.	DATE	1 1001		0



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate III executed within 24 haurs after death. 10 FUNERAL DIRECTOR: After this cerificate has been signed by the attending physician and campletely filled if by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers Pages 1 and director, page 3 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours ofter dept Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH IVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120

		DIAI2ION (OF VITAL KI	ECOKDS, 301 W. I	LKE2 IO	N SIKEEL, BALLIMO	JKE, MA	KTLANU 21201					
	06022			CERTIFI	CATE	OF DEATH			301	11	1		
	PLACE OF DEATH a. COUNTY	llegany		MARYL	AND	2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. STATE Md. b. COUNTY Allegary							
W	b (NY OR TOWN () esternior	dutside corporate limits give nearest town)		CLENGTH OF STAY IN	1 16	c. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town) Westernport							
	d NAME OF HOSPITA 115 Spruc	AL OR INSTITUTION (H no	t in haspital, g	ive street address)		d STREET ADDRESS e S RESIDENCE ON A FARM? YES NOT							
	NAME OF DECEASED (Type or pnn*)	Lawrence		Middle lmer	G	los [†]	4 DAT OF DEA	rh May		Doy 15	Yec 16	7	
	sex e.le	6 COLOR OR RACE White	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED		s. date of birth May 16m 189	0	9 AGE (In years lost birthday) 76 yrs	Manths D	'EAR Days	Haurs	Min.	
10d dur	USUA. OCCUPATION Ing.mast of working LB.Dorer	l (Give kind af wark done life, even if refired)		O OF BUSINESS OR OLSTRY Mill		11 BIRTHPLACE (County: Mineral—			12 CITIZ U COBA		WHAT		
13.	George	W. Gales				14 MOTHER'S MAIDEN NAME Addie Whithair							
IS (Ye	WAS DECEASED EVE to be unknown)	R IN U.S. ARMED FORCES?	11	OCIAL SECURITY NO 2-12-8192		NFORMANT gie Gales E	urge	Addre 38-Westerr		Md,	•		
	18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY. IMMEDIATE (AUSE (a) Chronic Myocarditis with 174 portons									RVAL BET ET AND D			
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b). DUE TO								20	Yes:	15		
/TIO₩	last)	(c)	O DEATH BUT NOT RELA	JED TO T	HE TERMINAL DISEASE CON	IDITION G	IVEN IN PART 1(0)			WAS AUTO PERFORMI		
L CERTIFICATIO₩		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	SCRIBE HOW INJURY OCC	CURRED ((Enter nature of Injury in I	Part I ar I	Part II of item 18)					
MEDICAL	20c TIME OF tNJL Haur a.n p n	10.	20d IN While at work	Nat While		E OF INJURY (Hame, farm ary, street, affice bldg., etc)			(Cauni		,	State)	
	saw the de	fy that (1) (this hose eceased alive an	pital) attend			death occurred of		10 May 1 1M, from couses o	ond on the	date	stated		
	22a SIGNATURE	Paul	RMA	lon	M.D	PHYS LX	MED DIRECTOR		22b DATE	_15	196	57	
	NAME (Type)	Paul R. W:	ilson			22d ADDRESS Piedmon	it, W	.Va.					
23€	BURIAL, CREMATIC PEMOYAL (Specify)			23c NAME OF CEMET	ERY OR	CREMATORY		LOCATION (City or Tox		aunty)	(5	tate)	

VR A15 (4) 25M 1/67 24. FUNERAL DIRECTOR

Westernport,

Md.

Sa. REC D BY REGISTRAR

STRAR 25b REGISTRAR'S SIGNATURE

DATMAY 1 8 1967

Ithorles Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06023 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission, o COUNTY **b** COUNTY Maryland Allegany delay is MARYLAND b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY IN 16 write RURAL and give negrest town)
Cumberland 69 years Cumberland Depar d NAME OF HOSPITAL OR NSTITUTION (If not in hospital, give street address) d STREET ADDRESS 19 Boone Street 19 Boone Street the Stai 3 NAME OF Middie 4 DATE Last Month DECEASED (Sadie) Hansrote Sarah (Type or print) DEATH May S SEX 9 AGE (In years 6 COLOR OR RACE 7 MARR ED 8 DATE OF BIRTH NEVER MARRIED lost b rihdoy) Female White W DOWED X DIVORCED Oct. 4,1897 11. BIRTHPLACE (Stole or foreign country) 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired)
Housewife INDUSTRY Cumberland Md. Own Home 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Emanuel Beal Sarah Beal 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service

10 (If yes give wor or dates at service)	Mr. Wilbur Hansrote, Cumber	land, Md. Son
IB CAUSE OF DEATH (Enter only one couse per line for (o) (b) and (c)) PART I. DEATH WAS CAUSED BY IMMED ATE CAUSE (o) CORC	ONARY OCCLUSION	NTERVAL BETWEEN ONSEL AND DEATH SUDDEN
H201 DUE TO	CODOMADIC	
tond t ons, if ony, which gove use to immediate couse (a), toling the underlying couse st. (b)	CORONARY SCLEROSIS	
PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,a)	PERFORMED? YES NO
200 EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ 20b DESCR BE HOW N.URS	OCCURRED (Enter noture of injury in Port I or Port II of tem 18.)	

CAUSE OF DEATH

Hour om

20c TIME OF INJURY Month, Day Year

20d NJURY OCCURRED While Not While of work ot work

20e PLACE OF INJURY 'Home form factory, street office bidglietc 1

20f (City o town) Inspection [X] Inquiry [X]

Undetermined manner

May

M.D. Address (Street, city town or county Cumberland, Md.

c'ounty:

Allegany

IF UNDER 1 YEAR

12 CITIZEN OF WHAT

COUNTRY?

Manths

IS RESIDENCE ON A FARM?

YES NO

IF UNDER 24 HRS

FTWEEN

NO K

Hours

USA

death resulted fram: Natural causes XX Accident Suicide Hamicide

Benedict Skitarelic,

21. I certify that I taak charge of the remains described above, held an Autapsy ...

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAM NER DEPUTY MEDICAL EXAMINER

22. DATE SIGNED 1967

and in my apin an

EXAMINER'S NAME 'Type' 230 BUR A. CREMATION.

CERT FICATION

MEDICAL

23b DATE THEREOF May 22,1967

23c NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

Cumberland, Md. Allegany

Scarpelli, Cumberland, Md.

2So RECD BY REGISTRAR

25b REUSTRARS SIGNATURE

ne certificate writing the ward pending" in pencil in Item 18. Give Pages 1, 's shauld be farwarded to the Chief Medical Examiner's Office along with farm This certificate should be executed within 24 hours after death bunal-transit permit. File pages 1 and 2 w in any event within 72 hours after death. D and be used remayal, the certificate 3 should crematian, or MESTAL EXAMINERS files may be retained far your FUNERAL DIRECTOR: Page Page 4 O FUNERAL DIRECTOR: Health prior to buriel, the fureral directar O DEPUTY

A 15ME (5) 6M 1 67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06097

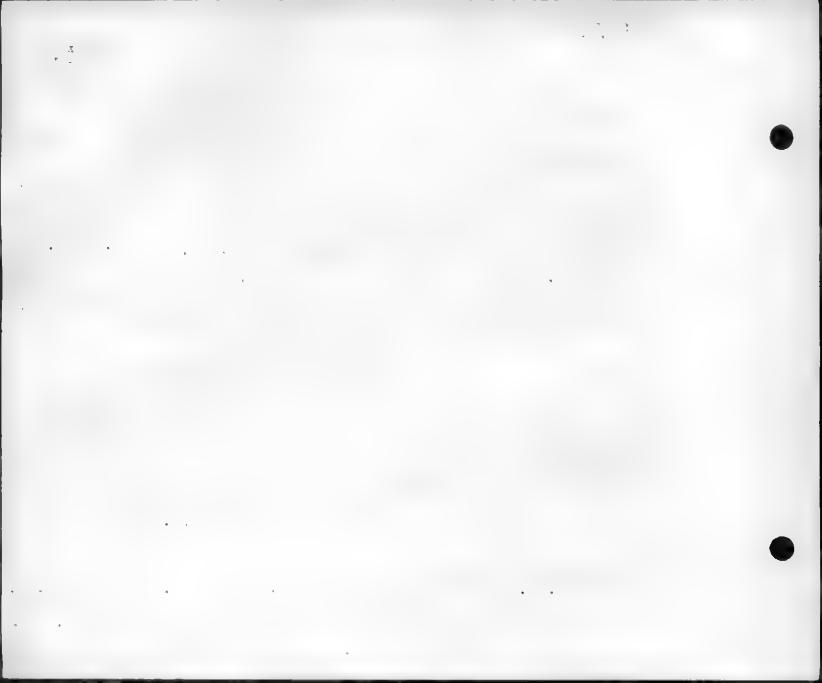
3	CO.	4 V 3	
43	13.3	1.1	

	00023			CEKTIFICA	IE OF DEATH		3151	313		
	1 PLACE OF DEATH					CE (Where deceased I ved		ence before admission)		
	O. COUNTY AL	LEGANY		MARYLAND	o STATE WE	ST VIRGIN	I A COUNTY			
	b. CITY OR TOWN (outside corporate iimit	S,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if outside corporate limit	s, write RURAL and gr	ive neorest fown)		
		give nearest tawn) MBERLAND		11 DAYS	PET	ERSBURG,	WEST VIR	GINIA		
		AL OR INSTITUTION (If no	ot in hospital, gr	ve street oddress)	d. STREET ADDRESS			e S RESIDENCE		
		ial Hosp.			9 NO	RTH MAIN	ST.	YES NO X		
	3 NAME OF DECEASED		rst La 4 B	Middle	Lost	4 DATE OF	Month	Doy Year		
	(Type or print)		МД	Р	HARPER	DEATH	MAY	29 19 67		
	FEMALE	6. COLOR OR RACE WHITE	7, MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 2-2-92	9 AGE (m yeors FUNDER Sthday) Months	R I YEAR OF UNDER 24 HRS. Days Hours Min		
	10o. USUAL OCCUPATION during most of working	(Give kind of work done life, even if retired)		D OF BUSINESS OR USTRY		unty & Stote, or foreign cou VIRGINIA	.ntry) 12 (COUNTRY? U.S.A.		
	13 FATHER'S NAME TRUMAN	PARSON			14. MOTHER'S MAIL VIR	EN NAME GINIA HYR	E			
	IS WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or do les o	16. 50	OCIAL SECURITY NO. 1	7. INFORMANT		Address			
	(Tes, no, or unknown)	(1) yes give war or dates o	il service)		MEMORIAL I	HOSPITAL	CUMBER	RLAND, MD.		
	18. CAUSE OF DE PART I. DEAT	ATH (Enter only one cou H WAS CAUSED BY: IMMEDIATE CAUSE	(0)	o), (b), and (c).) Uenuca	J-aces	rio sele	rotic	INTERVAL BETWEEN ONSET AND DEATH		
	Conditions, if ony,	which mayo 3	11.	added at	diagona	· Ans	1,-0,0			
4	rise to immediat	e couse (o), ((b)	- many -	-ULLARCEIA	00000	and a	7		
1	stoting the under	lying couse	(c)							
	PARY II. OTHER SH	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 14								
	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	20b DESC	CRIBE HOW INJURY OCCURR	ED. (Enter notice of injury	in Port 1 or Port 11 of it	em 187 1000	40		
	20c TIME OF INJE Hour o.n p.n	14	29d INJ While at work		PLACE OF IN.URY (Home, factory, street, office bldg.,		or town) (C	County) (State)		
	21. I certif	y that (I) (this has	pital) attende	ed the deceased from	5. FO: 6	0, 10 6 / to_S	. 2-90,19	6 / that (I) (we) last		
		ceased alive an_	2.27	81_1962, and t	hat death accurred	61 - 1 2 M, from	causes' and an	the date stated above		
	220. SIGNATURE	Wm. 7	> M	Eliano	ATTENDING PHYS.	#MED S	TAFF 22b	DATE S'GNED		
1	22c. PHYSICIAN'S NAME (Type)	DR. W.	F. WIL	LIMMS	122 S	. CENTRE	ST., CUN	MBERLAND, MD.		
	230 BURIAL, CREMATIC REMOVAL (Specify	N, 23b. DATE THE	REOF	23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION	(City or Town)	(County) (State)		
	Buried	- may_31	-1967	maple 1	Hell Cemil	. /	sturg- &	Lund W-Va		
	24 FUNERAL DIRECTO	R	-	ADBRESS		REC'D BY REGISTRAR	25b REGISTRAR'S			
	William	n B-1KL	eft. 1	umberlas	nel man DATE	JUN 2 196	Please	elan Perdan		

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physiciam. in by the funeral hours after de TO FUNERAL DIRECTOR: After this certificate has been signed by the "Itemeding physician and camplete director, page 3 should be detached for use as the burial-transit permit. Then please remave cord should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, VR A15 (4) 25M 1/67





IS RESIDENCE ON A FARM?

YES NO 12

Year

IF UNDER 24 HRS

19

Hours

INTERVAL BETWEEN

WAS AUTOPS'
PERFORMED? NO

that (I) Lwellast

67

PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY ALLEGANY MARYL AND ALLEGANY hin 72 hours ofter MARYLAND b. CiTY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 4 DAYS CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS MEMORIAL HOSPITAL 224 HARRISON ST. NAME OF First Middle 4 DATE Month COLDON Lost completely DECEASED BERTIE **HELMICK** M. MAY event, (Type or print) DEATH S SEX 6. COLOR OR RACE 8 DATE OF BIRTH AGE (n years # UNDER I YEAR 7. MARRIED **NEVER MARRIED** lost buthday) 5-1-1897 FEMALE WHITE and in only WIDOWED DIVORCED puo 10a LSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY U.COUNTRY? LOST RIVER. WVA. At Home Housekeeper 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal, RIGGLEMAN LOUISE WHETZEL IS WAS DECEASED EVER NUS ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If we give wor or dates of service) CUMBERLAND, MD. MEMORIAL HOSPITAL. 218-30-23181 Nο 18 CAUSE OF DEATH (Enter only one couse ger-ting for (o), (b), and (c), PART I. DEATH WAS CAUSED BY: bur of tronsit IMMEDIATE CAUSE (d) DUE TO oge 3 should be detached for use as the burot-filed with the State Dept. of Health prior to buriol, Conditions, if ony, which gove nse to immediate couse (a), **DUE TO** stating the underlying couse O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending this certificate has been detached for use as the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of Item 18) 200 ACCIDENT WAS BADERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, Hour em factory, street, office bldg, etc.) While **DIRECTOR:** After 2). I certify that (1) (this haspital) attended the deceased from 2 197:090 P. M., 19___, that (I) twe) last t_____M, tram couses and on the date stated above. saw the deceased olive on ond that death occurred of 220 SIGNATURE DATE SIGNED STAFF DIRECTOR director, page should be filed ADDRESS 22c-PHYSICIAN'S O FUNERAL NAME (Type) DR CUMBERLAND. MD. 230 BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) Rawlings Allegany Maryland Biertown Cemetery 24. FUNERAL DIRECTOR 25o. REC'D BY REG STRAR 25b REGISTRARS S. GNATUR

H. Lee Silcox Cumberland Maryland 21502

YR A15 (4)

PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06027

CERTIFICATE OF DEATH

06016

	PLACE OF DEATH a. COUNTY	Allegany		MARYLA	ND		Where deceosed lived, if it is a part of the part of t	and the Wild	nce before odr Llegar	
	write RURAL gri	(If outside corporate limits, id give necrest town)		LENGTH OF STAY IN	1b	c. CITY OR TOWN (If our	tside carparate I m ts, wr Na Le,	ite RURAL and gr	ve nearest taw	vn)
		tal or institut on (if not my County				d STREET ADDR"	30 McKenzie	Rd.	YES S IS	RESIDENCE I A FARM? NO X
	3. NAME OF DECEASED (Type or print)	Earl		Middle	Hei	rrell	OF MA	Month Y	17,	Year 19 67
/	s. sex Male	6 COLOR OR RACE White	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED		DATE OF BIRTH 3/27/1902	9 AGE (In ye	oy) Months yrs		INDER 24 HRS
(RETIRED:	N (Give kind of work done life, even if retired) Colanose	HIDLIG	of Business or TRY ng Dept.)	Largent,) 12 C	ITIZEN OF WHA	A .
	13 FATHER'S NAME	Unknown				14. MOTHER'S MAIDEN N	rell-			
	(Yes, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give war or dotes af	service)	-10-6980		iformant P.O.B.				
	IB. CAUSE OF D	DEATH (Enter only one coust ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	\sim	(b), ond (c).)	بيد	1 dont	arter.)		L BETWEEN IND DEATH
	Canditions, if any	te couse (o)	0) 16/	wali	3-0	d out	reselv	17-5	50	
	stating the under	erlying couse COE I	0 1 6	erkin	20	ni De	20 ore		Gr	2/-
	PART II OTHER S 200. ACCIDENT WA OR CONTRIBUTING	IGNIFICANT CONDITIONS CO	ntributing to d	EATH BUT NOT RELATI	ED TO TI	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1	(0)	YES [AUTOPSY FORMED?
		AS UNDERLYING (*) G (*) CAUSE OF DEATH Y MEDICAL EXAMINER)	205. DESCRI	BE HOW INJURY OCCL	JRRED (E	Enter noture of injury in f	Part I ar Part II of item I	B.)		
4	뒽 Hour a.	JURY Manth, Day, Year m. 19	20d. INJUR While at work	Not While		E OF INJURY (Home, form ry, street, affice bldg., etc.)		wn) (Co	aunty)	(Stote)
	sow the d	ify that (I) (this hosp deceased alive an	ital) attended 16/19	the deceased fr	d that	death accurred at	A . M, fram ca		the dote st	(I) (we) last ated above.
	220, SIGNATURE	mge M.	Sin	ans	AC MD.	ATTENDING PHYS	MED STAFF OIRECTOR X PHYS		DATE SIGNED /17/19	167
/	NAME (Type	OGeorge	M. Simo		D.		Hosp. Cumb			
	230. BJRIAL, CREMATI	y) 5/19/6		oc name of cemete Davis Men		al Park	23d LOCATION (City Cumberla	nd, All	- u	(State) Md.
13	H. Way	•	Cumberla	ADDRESS und, Maryl	Cand	25g. RECD		REGISTRAR'S	SIGNATURE	ge

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remays—carbon papers—Pages Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in agy event, within 72 hours after Best Poge 4 may be retained by the hospital or ottending physician.

VR A15 (4)



1404404

4 P

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00017

FOR STATE		00023	WED	ICAL EXAMINER'S	CERTIFICATE (JE DEATH	0.0	U14	
IEALTII DEPT.	i	PLACE OF DEATH			A STATE	(Where deceased wed if	b COUNTY		
~ = B #[V]		Allegany		MARYLAND	Mar	yland	Al:	legany	
de la		b. C.TY OR TOWN (If outside corporate im to write RURAL and give nearest town)	5,	C LENGTH OF STAY IN 16		utside corporate imits, w	rite RURAL and g	ve neorest town)	
2, and 3 ta PM3. Page		Cumberland		50 years	Cum	berland		7 .	
2,2	_	d NAME OF HOSPITAL OR INSTITUTION (If no	ot in hospital, g	ve street oddress)	d STREET ADDRESS			e IS RESIDENCE ON A FARM?	
F 2 F 9		607 Sedgewick	Stree	t	607	Sedgewick	Street	YES NO S	
ter death If C.y diglay Give Pages 1, 2, and 3 ang with farm PM3. Parth the State Department	3		rst	Middle	Lost	1 4 DATE	Month	Doy Year	
A K P Geo	ŧ.	DE COACED	arles	Z.	Heskett	OF DEATH	May	5 19 6	
Sive ng	_	SEX 6 COLOR OR RACE	7, MARRIED		8 DATE OF BIRTH	9 AGE (In)	vegrs IF UNDER		
trem 18. Give Pages 1, Office along with farm land 2 with the State De rideath.		Male White	WIDOWED		Oct. 12,		ndoy) Months	Doys Hours Min	
haurs af Item 18, Off ce al I and 2 wi r death.	10-	USUAL OCCUPATION (Give kind of work done		ND OF BUSINESS OR	11 BIRTHPLACE (Stot		A17	TITIZEN OF WHAT	
har Ter of the real of the rea	dur	ing most of working te, even if retired)					(OUNTRY ?	
24 in 1 ir s (ris (es) after			Se	If Employed		reek, Penn	a	USA	
hin ncl nine sign	13	FATHER'S NAME	TT 1 .		14 MOTHER'S MAIDEN				
within pencil xamine ile page haurs a	L	Landon C.	Hesket	t		Clara Mas			
ad in	15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16 '	OCIAL SECURITY NO 17	INFORMANT		Address		
cuti ng" dica dica hin	(,,	Was Deceased ever in us armed forces? 16 social security no so, or unknown) (If yes give wor or dotes of service 20-07-6740 Miss Helen Tasker, Cumberland, Md.							
frate shauld be executed within 24 haurs after ing the ward "pending" in pencil in Item 18. Givided to the Chief Medical Examiner's Office along as a burial-transit permit. File pages land 2 with and in any event within 72 haurs after death.		18 CAUSE OF DEATH (Enter only one co.	ise per line for	(e), (b) and (c))				INTERVAL BETWEEN	
be ''pe insit		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE	(n)	Coro	nary Occlu	sion		Sudden	
Party of the party		4861 DUE							
we we the the principle of the principle		Conditions, Fony, which gove	(b)	Co	ronary Scl	erosis			
the ta		nse to immediate couse (a). Stating the underlying couse.	. ,						
rd rd rd		last.	(c)						
		PART II. OTHER SIGN F CANT CONDITIONS C	ONTR BUTING T	O DEATH BUT NOT RELATED TO	THE TERM NAL DISEASE CO	OND T ON G VEN N PART	1(0)	19 WAS AUTOPSY	
: This certificate, writted be farwar uld be used ar remaval, o	MEDICAL CERTIFICATION							PERFORMED? YES NO X	
F to a d ii	2	20a EXTERNAL CAUSE WAS	20h DE	SCR BE HOW INJURY OCCURRED	(Enter nature of injury r	Port Lor Port II of item	18.1	1 10 11 110 11	
things and the second s	E	PRIMARY or CONTRIBUTING	200 00	SER DE HOW MOORE OCCURATE	(Ener holoro or mior)	TOTAL CONTRACTOR	,		
XAMILER: To the certification of the certification	=	CAUSE OF DEATH	204 1	LURY OCCURRED 20e PLA	CE OF INJURY (Home, for	m 201 (City or 1	000	ounty) (Stote)	
= 3 × + E +	i i	2Dc TIME OF NaJRY Month, Doy, Year Hour o.m.		Not While of work	tory, street, office bldg., etc		Owen.	03/lly) (3/0/e)	
XA year	2	p.m. 19							
For Pour		21. I certify that I taak charg							
ctar Portion of the property o		death resulted from Natur	al causes	Accident, Sur			ned manner [
MEDI please direct direct retaine DIREC		ACTUAL 2	· , f.	61, 1		L EXAMINER		no part cione	
ple ple did did did did did did did did did di		SIGNATURE SIGNATURE	154K	darolec)	m v	D CAL EXAMINER		22. DATE SIGNE	
Dri Pri		EXAMINER'S	OVER DATE	TETO ME		CAL EXAM NER	May 5,	1967	
■ EPUTY MEDICAL IXABILIER: necessary, please execute the cert the funeral director Page 4 shault 5 may be retained far your files. 0 FUNERAL DIRECTOR: Page 3 shoult Health prior to burial, cremation, a	_		_	RELIC, M.D.	Address (Stre	et city town or county)	Cumber]	Land, Md.	
Dec The Fred Fred Fred Fred Fred Fred Fred Fre	230	BURIA_ CREMATION, 23b DATE TH		23c NAME OF CEMETERY OR		23d CCATION C		(County) (State)	
	1	Buffie 1Specify) May 8,	1967	Philos Ceme	etery	Western	port, Mo	Allegany	
VR A15ME (5)	2	funeral director James F. Scarpell	£ (7	ADDRESS	25o REG	D BY REGISTRAR AY 1 1 1967	256 REGISTRAR	SIGNATURE	
434 3 147	4	ocured to prarbell	L. Ulli	Derland.Md.	IV	MI I I 1879/	A. C.	- Colon Manney 27 -	

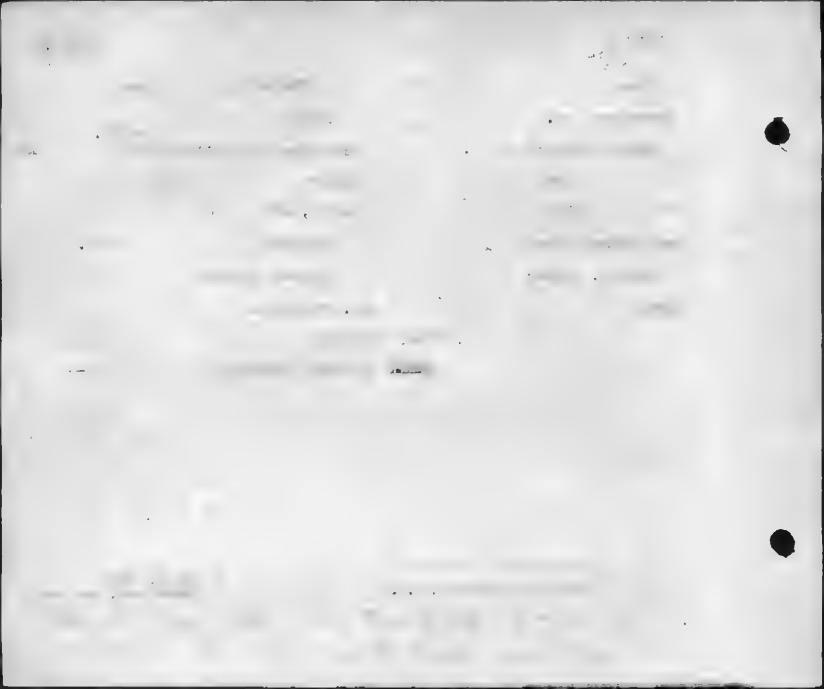


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPTA PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased I ved. f institution. Residence before admission o. COUNTY b COUNTY legany Poge ö Maryland deoth. Allegany MARYLAND delay Deportment c C TY OR TOWN (If outside corporate "mits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 b CTY OR TOWN (If outside corporate limits 2, u. P.M3. F X4 Hours after LaVale Maryland d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) IS RESIDENCE ON A FARM? form hours 50 537 Maryland Street Pages Memorial Hospital YES NO X 6 0 0 This certificate should be executed within 24 hours ofter death olang with NAME OF Eirst Middle 4 DATE Month Lost Year DECEASED Jewell. OF 67 Huston May 8. Give F Herbert (Type or print) 19 DEATH W.T.Y SEX 1904 9 AGE (In years 6 COLOR OR RACE 8 DATE OF BIRTH F UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 6 Jost birthdoy) Months July 22 Ji 904 WIDOWED DIVORCED and 2 event pencil in Item 1 rd 'pending' in pencil in Item 1 Chief Medical Exominer's Office 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT Welder, Railroad during most of working life, even if ret red)
Boilermaker and cd4vGkX s Strasburg, Va. ony poges in ony 13 FATHER'S NAME 14 MOTHER S MAIDEN NAME Mary Ellen Higgs Toliver Jewell File 15 WAS DECEASED EVER IN J.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECHRITY NO Address (Yes, no ar unknown) (fives a ve war or dates of service) removol Vera Louise Jewell 537 Maryland St LaVale INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) HOWEL AND DEATH PART I DEATH WAS CAUSED BY. Coronary Occlusion 50 IMMEDIATE CAUSE (o) the ward cremation, DHE TO Sclerosis 11 with Coronary Conditions, if only which gove (b) te, writing the to forwarded to t Thrombosis rise to immediate couse (a) DUE TO stoting the underlying couse В used as burial, c last. 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGN# CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES X NO prior to pe should be 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of mury in Part 1 or Port 1 of tem 18.) 3 should PRIMARY I or CONTRIBUTING I AL EXAMINER: CAUSE OF DEATH 5 may be retained for your files to FUNERAL DIRECTOR: Page 3 sh. Health or its designated agent, 20c TIME OF INJURY Month, Doy, Year 20d NJURY OCCURRED 2Ge PLACE OF NJURY (Home form (City or town) (County) (Stote) Hour om foctory, street, office bidg , etc.) While of work Wh le Not While 19 Page of work please execute Inquiry T. 21 I certify that I taak charge of the remains described above, held an Autopsy XI, Inspection T. and in my apinion Natural causes X . Accident . Suicide . Undetermined manner funerol director death resulted fram: Hamicide | CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE & TO DEPUTY IL967 DEPUTY MEDICAL EXAMINER May **EXAMINER'S** SKITARELIC, M.D. Address (Street, city, town, or counQumberland, Maryland NAME (Type) BENEDICT 23c. NAME OF CEMETERY OR CREMATORY 23h. DATE THEREOF 23d LOCATION (City or Town) (County) 23o BURIAL CREMATION 5-28-67 Restlawn Memorial Garden Cumberland, Allegany Md. 24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 2Sh REGISTRAR'S SIGNATURE James F. Scarpelli Cumberland, Md. VR ATSME (5)



W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) I. PLACE OF DEATH a. COUNTY e. STATE **6. COUNTY** Allegany MARYLAND Me hibrarden v b. CITY OR TOWN (if outside corporete limits. 1 c. LENGTH OF STAY IN 16 c CITY OR TOWN of outside corporate limits, write RUNAT and give nearest town) write RURAL and give nearest town) Md. Cumberland New York . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NOL Memorial Hespital 8100 Shore Front ParkwayRockway 3. NAME OF Middle DECEASED (Type or print) DEATH 1967 Kantner 9. AGE (In years IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 7. MARRIED Y NEVER MARRIED R DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months Days Hours Mala WIDOWED [DIVORCED July 30. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Ajax Springs Retired Lithuania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward A. Kantner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknwn) | (If yes give war or dates of service) permi Mrs. Ben Kantner 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) INTERVAL BETWEEN k's Office along v s a burial-transit p removal, and in ONSET AND DEATH PART I. DEATH WAS CAUSED BY. CORONARY OCCLUSION IMMEDIATE CAUSE (a) SUDDEN DUE TO CORONARY SCLEROSIS Conditions, if any, which " gave rise to immediate cause DUE TO (e), stating the underlying 60 cause last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TWIL 19. WAS AUTOPSY PERFORMED? 8 NO Te CERTIFICA T 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | age 3 sho Chief age 3 WEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (State) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., etc.) While . Not While Hour e.m. the R: Pa et work at work ä 21. I certify that I took charge of the remains described above, held an Autopsy Inspection T. Inquiry Y and in my opinion 2 0 forwarded to DIRECTO death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER should be forward FUNERAL DIN ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER May 11, 1967 EXAMINER'S BENEDICT SKITARELIC, M.D. Address (Street, city town, or county Cumberland. NAME (Type) <u>0</u>40 g VS. AISME DATE 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATI **HEALTH** y delay is P.M3. Poge

2, ond 3 to

in pencil in Item 18. Give Pages 1,

This certificate should be emecuted within 24 hours after death

pending

nmcessory, please execute the certificate, writing the mord

TO DEBUTY MITMAN IXAMINIR:

and with the State Department of world within 72 haurs after death. within 72 haurs after deoth. poges l

5 may be retained for your files to FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Health or its designated agent, prior to burial, cremation, or removal, and

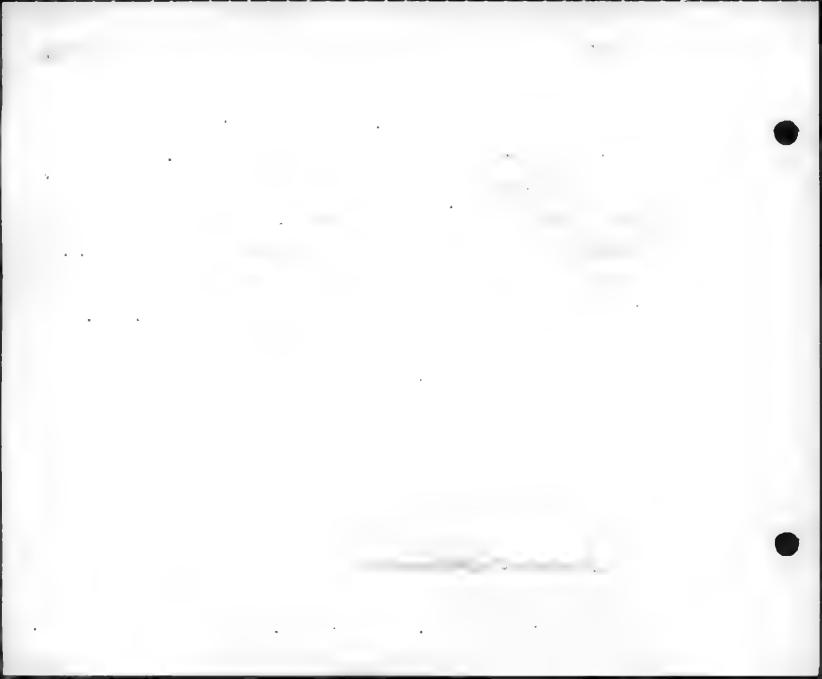
VR A15ME (5)

6M 1/66

the funeral director. Page 4 should be farwarded to the Chief Medical Enomines Office along with form

		06031	MEDIC	AL EXAMINER	S CERTIFICATE	OF DEATH		06020		
		PLACE OF DEATH				(Where deceased lived, if institut		e befare odmission)		
ı	(a. COUNTY Allegany	MARYLAND	a STATE b. COUNTY Maryland Allegany						
	I	b CITY OR TOWN (flautside carparate limits, write RURAL and give nearest lawn)	C	LENGTH OF STAY IN 1b		c CITY OR TOWN (If auts de carparate limits iwrite RURAL an				
1		Cumberland	50 yrs.	Cu						
ı	(d NAME OF HOSPITAL OR INSTITUTION (If not 'n	haspital, give	street address)	d. STREET ADDRESS	Cumberland d STREET ADDRESS				
		Sacred Heart Homp:	806 C	806 Columbia Ave.						
П		NAME OF First DECEASED	Middle		lost	Lost 4 DATE Month OF				
L		(Type or pant) Glady		M	Kegg	DEATH MAY		15 19 67		
Γ	5 3	SEX 6 COLOR OR RACE 7	MARRIED X	NEVER MARRIED	8 DATE OF BIRTH	9 AGE (In years last birthday)	IF UNDER 1			
1		Female White	IDOWED	DIVORCED	Dec. 15. 1		MURITIS	Days Haurs Min		
		USUAL OCCUPATION (Give kind of work done		OF BUSINESS OR	11 BIRTHPLACE (Stat	e or fare gn country)		ZEN OF WHAT INTRY?		
- [GUII	ing most of working life, even if retired)	INDUS	IRY	Cumberd					
ŀ	13.	FATHER'S NAME		-	14. MOTHER'S MAIDEN	NAME		.S.A		
1		Frank Porter			1413.00	Dian				
-	15	WAS DESCRICED THE BUILD ADMED CONSESSO	16. SOCI	IAL SECURITY NO. 1	7 INFORMANT Address					
1	(Ye	if yes give war ar dates of ser	A-c6)		DA 1/	do/ 0-1	h.d			
F		18 CAUSE OF DEATH (Enter anly ane couse pr			Edger Kegg	806 Colum	DIA AV	INTERVAL BETWEEN		
1	PART I DEATH WAS CAUSED BY							HOUL'S DEATH		
	IMMEDIATE CAUSE (a) CAPUTAC TAMPONAGE									
1		Conditions, if any which gave) (b) Ruptured Posterior Myocardium								
		rise ta immediate cause (a),				ombosis, Right				
		stating the underlying cause but 10 last.		Coronary T	hrombosis. R					
		PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)								
	20b DESCRIBE HOW INJURY OCCURRED (Enter nature of Injury in CALIFE DE DEATH					3,000,000		PERFORMED?		
	2	2Dg EXTERNAL CAUSE WAS	20h DESCRI	IRE HOW IN HIP Y OCCUPE	D (Enter noture of nurs in	Part I av Part II of tem 18)		I ID WAY NO L		
	E. E.	PRIMARY ar CONTRIBUTING	20b DESCRIBE HOW INJURY OCCURRED (Enter nature of mury in Part I or Part II of tem 1			ron a ron not len a				
	3	CAUSE OF DEATH 20c TIME OF NJJRY Month, Day, Year	204 Billio	RY OCCURRED 2De	PLACE OF NJURY (Hame, far	m 20f (City or fown)	(Cau	nty) (State)		
	WED	Hour a m.	While _	Nat While	factory, street, office bldg , et		(cao	(3(4)6)		
	-	p.m. 17 atwark atwark								
	4	21. I certify that I taak charge of the remains described above, held an Autapsy #1, inspection #1, Inquiry #1, and in my apinion								
1	Н	death resulted fram: Natural causes #, Accident , Su'cide , Hamicide , Undetermined manner								
1		ACTUAL AC								
1		SIGNATURE ASSISTANT MEDICAL EXAMINER L								
1		EXAMINER'S NAME (Type) BENEDICT SKITARELIC. M.D. DEPUTY MEDICAL EXAMINER & May 15, 1967 Address (Street, city, town, or county) Cumberland, Maryland								
÷	02:	NAME (Type) BENEDICT SKI								
)	-	BURIA., CREMATION 23b DATE THEREOF		23c. NAME OF CEMETERY		23d LOCAT ON (City or To	,	(State) (Ytano)		
-		Surial May 18.	1967	SS Peter	Paul Cem.	O BY REGISTRAR 25b RE	Alleg	any Md.		
	24	Lavis Stem One	0.	AUDICESS M				Judge.		
H	6	Marin Cherry Care	·	00/	DAMA	Y 1 9 1967 77	- who	O A CO		

1967



4

1

death.

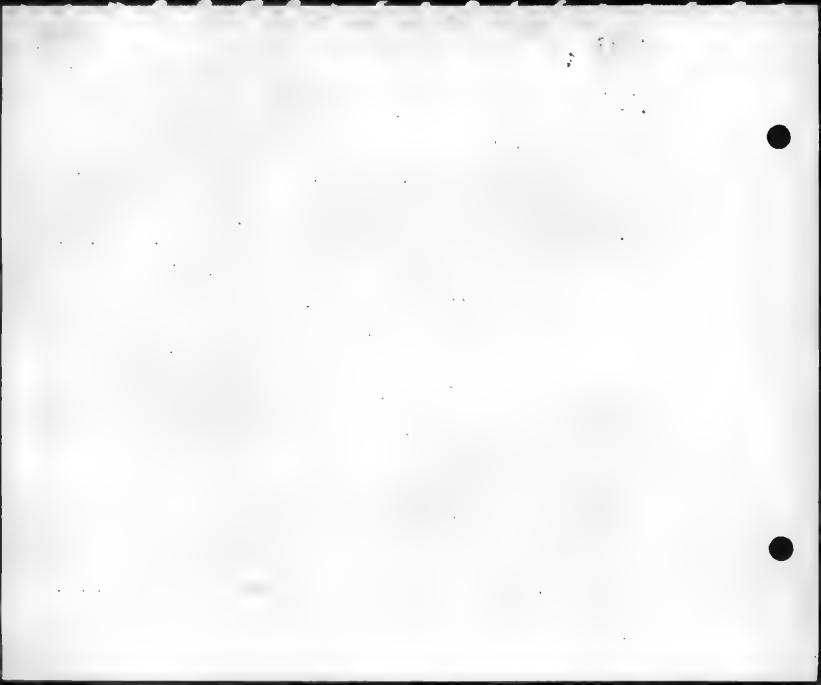
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the f director, page 3 should be detached for use as the burial-transit permit. Then please remove cared papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

5 (4) 1/65

 $\forall \mathbb{R}$ A15

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	86032	CERTIFICAT	E OF DEATH			U	LZUE			
1.	PLACE OF DEATH a COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss MARYEAND ACLEGANY							
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) CUMBERLAND	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	•	ite limits, write	6//				
	d. NAME OF HOSPITAL OR INSTITUTION (IF not in F	iospital, give street address)	d. STREET ADDRESS 194 CENTER STREET				ON A FARM? YES NO			
	NAME DF First DECEASED (Type or print) LORETTA	Middle M.	Last KENNEY	4. DATE OF DEATH	Month MAY	Day 2.0	19 67			
	FEMALE WHITE WIDOWED	DIVORCED [8. DATE OF BIRTH 04-07-88	1a 75	st birthday) Mc	onths Days	Hours Min.			
du	SEAMTRESS (RETIRED)	KIND OF BUSINESS OR INDUSTRY	BARTON, A	LLEGANY,		12. CITIZEN COUNTR' U.S.	Y?			
	JAMES	2001M APALIS		MC GREEN						
(Ÿ	es, no, or unknown) (11 yes give war or dates of service) 2	14-05-4426	INFORMANT PATIENTS HOS	P. RECOF	Address RD SACR	ED HEAF	RVAL BETWEEN			
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) One of the control of the contr									
	Conditions, If any, which by historical entire for blisen									
Z	cause (a), stating the DUE TO underlying cause last.	lade	PART 1(a) 119. WAS AUTOPSY							
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2)									
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE NOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. Hour a.m. While p.m. 19 at wor	Not While - facto	CE OF INJURY (Home, fa ry, street, office bldg., e	rm, 20f. (City	y or town)	(County)	(State)			
	21. I certify that (I) (this hospital) attended the deceased from									
	M.D. ATTENDING MED. STAFF 22b. DATE SIGNED ATTENDING DIRECTOR PHYS.									
=	22c. PHYSICIAN'S NAME (Type) DR. PAGAN		22d. ADDRESS			LEY,W.	and the second			
23:	a. BURIAL, CRÉMATION, 28b. DATE THÉREOF DEMOVAL (Specify) 5/23/67 FUNERAL DIRECTOR	ADDRESS	is Com	23d. LOCAT	AR I 25b. REGI	or county)	State)			
29	Loves Stein Inc.	Cumb. W	1 & DATE A	Y 2 3 196	net.	A	udge			



06035 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased I ved, if institution. Residence before admission) a COUNTY LEGANY BIRGINITAOUNTY MARYLAND t. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) VIBERLAND PAW PAW. W. VA. DAYS 15 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? MEMORIAL HOSPITAL NO X NAME OF Firs! Middle Last 4 DATE Month DECEASED OF FLOYD KIFER MAY 10 67 (Type or pant) 19 DEATH S SEX B DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED last bythylay) Hours WHITE 9-23-89 MALE WIDOWED DIVORCED 10b KIND OF BUSINESS OR 10a. US_AL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) f2 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY **COUNTRY?** U.S.A. KIPER, MD. Retired Farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DAVID KIFER AMANDA ASHKETTLE 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, or unknown) ((If yes give war ar dates af service) INFORMANT 16 SOCIAL SECURITY NO Address CUMBERLAND. MEMORIAL HOSPITAL NO 18. CAUSE OF DEATH (Enter only one couse per later for (a), (b), INTERVAL BEJWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying cause WAS AUTOPS) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? NO 20a ACC DENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18.)-OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF IN. JRY (Home, form, (Caunty) (State) Haur o.m. factory, street, office bldg., etc. at wark at wark 21 I certify that (I) (this haspital) attended the deceased fram and that/death accorred at M, from causes and saw the deceased alive on on the date stated above. 22a SIGNATURE DATE SIGNED STAFF DIRECTOR ADDRESS 22 S. 22c PHYSICIAN'S CUMBERL/AND, MD. R. CENTRE ST. NAME (Type) WILLIAMS 23o BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) Slanesville Union Cem. 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATUR Berkeley Spgs.

The law requires that the douth certificate be executed within 24 hours after death. event ond in ony physician (nen pleose buriol, cremation, or removal, burial-transit þ the hospital or attending physicion. signed ficate hos been s far use as the b Heolth prior to b this certificate hos be detached for State Dept. of H ed with the director, poge stould be fled Pog≡ 4 may TO FUNERAL VR A15 (4)

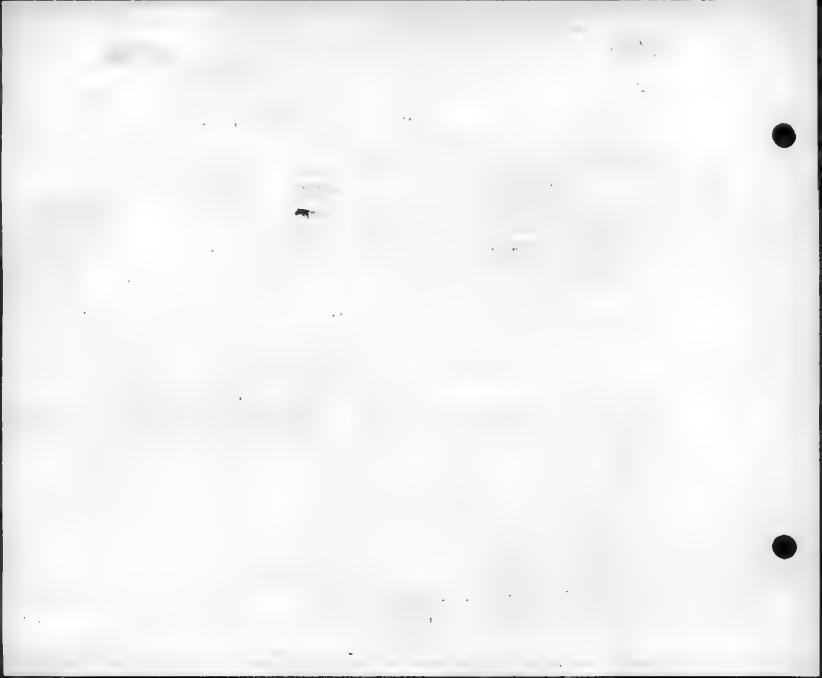


. ~ .		UD
ਰਦੁਰ	1	PLACE 0
		o. COUN
Med in by the funeral popers. Pages I and but 72 hour atter death		b. CITY (write
1. Po		d NAME
led 1		ME
or ben for the state of the sta	3	NAME O DECEASE (Type of
9 P E		SEX.
ian and can ase remove		FEM
and in a	100	USUAL (
ician and lease rer and in a	ומטו	
ng physic Then ple	13.	FATHER W
	15 170	WAS DE
he a it pe atiai		18. CA
ans the		ı '
physician signed by burial-trai		Conditi
phy ign ouri		rise 10
attending has been see as the the the priar tab		stoling last
etained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attendi shauld be detached for use as the burial-transit permit. with the State Dept. at Health priar to burial, cremation, ar n	MEDICAL CERTIFICATION	PART 1
ficat for figure	TIFIC	20a AC
certi certi ched ched pt. a	AL CE	20a AC OR CON (IF EITH 20c TI
age 4 may be retained by the haspital FUNIRAL DIRECTOR: After this certifica director, page 3 shauld be detached for shauld be filed with the State Dept. af He	MED10	20€ 1
d by d be Ste		21.
a de la company		sa
with the second		220 5
be See See	<	224 8
RAI RAI po be fo		224. E
FUNE FUNE rectar hauld	230	
She of she		BEHA
Λ [-	24	FUNER
VR A15 (4)		Ca

_							
1	PLACE OF DEATH O. COUNTY		67476	E (Where deceosed lived,	6 00 110 201		,
L	ALLEGANY	MARYLAND	NIA	RYLAND	AL	LEGANY	
	b. CITY OR TOWN (If outside corporate limits, write RURA, and give pegrest town) CUMBERLAND	24 DAYS		f outside corporate limits, RTON	write RURAL and give	neorest town)	
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital	ol, give street oddress)	d. STREET ADDRESS			# S RES	IDENCE
	MEMORIAL HOSPITAL		145 B	ROADWAY S	Γ.,	YES	FARM? NO X
3	NAME OF FIRST	Middle	Lost	4 DATE OF	Month		ear
	(Type or print) MAUDE	C.	KIRK	DEATH	MAY	22, 19	
1	SEX 6 COLOR OR RACE 7. MARRI		B. DATE OF BIRTH	9 AGE (In	years IF DDER	Dovs Hours	R 24 HRS
	FEMALE WHITE WIDOW		3-27-189	0 //	yrs .		1 141111
	o USUAL OCCUPATION (Give kind of work done ingrings) of Working him eyen if retired)	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Cou	inty & Stole, or foreign count		IZEN OF WHAT	
13	FATHER'S NAME		14. MOTHER'S MAID	/			
	WILLIAM RUSSELL		JANET	C. HERON			
15 (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of service)	16 SOCIAL SECURITY NO. 17	7. INFORMANT	HOCOLTAL	Address	I AND	110
(1)			MEMORIAL	HUSPITAL	- CUMBER		MD.
	18. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	for (a) (b), ond (c).)				INTERVAL BE ONSET AND	DEATH
	ØX DUE TO	UEDUPACTE	PO CK			2 - 10	
	Conditions, if ony, which gove (b)	VEPHROSCLE				2-19	Co.cl
	stoling the underlying couse DUE TO	ARTERIOS CEI	POS15 +	HYPFRIE	NSION	100%	E.
	PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTEN			CONDITION COMEN IN DAD	[](-)	119 WAS AU	TOPCY
NOI	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	G TO DEATH BUT NOT KELAIRD T	IO THE TERMINAL DISEASE	CONDITION GIVEN IN PAK	1(0)	PERFOR	MED?
FICA	20g ACCIDENT WAS UNDERLYING 20b	DESCRIBE HOW INJURY OCCURRE	FD (Foter notice of income	up Port 1 or Port 11 of don	n IR \	YES [NO _
MEDICAL CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERCENCE HOW WOOK! OCCORNE	to (thirt volume of allow)	the roll for roll it of the	1 40 /		
호		I INJURY OCCURRED 20e 1	PLACE OF NJURY (Home,	form, 20f (City or	town) (Cou	.nty)	(Stote)
MED		hile Not While at work	foctory, street, office bldg.	etc.)	1. 1		
	21. I certify that (I) (this haspital) att		4/28 61	19000d0 A	. 19	, that (I)	(we) las
	saw the deceased alive an 5		hat death accurred	at 9:00 A	causes and an th	re date state	d abav
	220 SIGNATURE	11811/	ATTENDING	MED. STA	22b. DA	SIGNED /	
<	TUMERIC	con	M.D PHYS.	DIRECTOR PH		22/6	7
	222 PHYSICIANS DR. S. G. W	EISMAN	22d. ADØRESS 59 GRE	ENE ST.	CUMBERLA	ND. ME).
23	D BUR AL, CREMATION. 236 DATE THEREOF	23c NAME OF CEMETERY O	OR CREMATORY	23d LOCATION (C	ity of Town)	(County)	Stote)
	BREMOVAL (Specify) 5/25/67/	Mt. View		Moscow		Mo	
2	4 FUNERAL DIRECTOR	ADDRESS	250 _a R	AY 2.4 1967	256 REGISTRAR'S S		
	to 1/ / MM X VIC	sternnowt Md	I M	AY 2.4 19671	1 mary	and Market and	-



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #3 Film #4388 5/1-/1.4 pc CERTIFICATE 06035 Item #2c & d Film deat 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH b COUNTY SYLVAN RETREAT MARYLAND ALLEGANY that the death certificate be executed within 24 hillurs after C LENGTH OF STAY IN 16 c GIT OR JOWN (if gutside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND, MD. 56 DAYS CUMBERLAND d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDÊNCE ON A FARM? SACRED HEART HOSPITAL 900 SETON DRIVE 119 Washington St YES NO X Æ 3 NAME OF 4. DATE E A Month DECEASED OF DEATH 5-2-67 LARER (Type or pnnt) IF UNDER 1 YEAR | IF UNDER 24 HRS S SEX 9 AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 5 remove birthdoy) Hours MALE WHITE WIDOWED DIVORCED XXXXXXX7-12-12 CITIZEN OF WHAT 10o USUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR 1), BIRTHP_ACE (County & State, or foreign country) INDUSTRY COUNTRY? TABORER YESTERRIEND.RR RAILROAD RED HILL, MD. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 70 cremation, or removol, Then JOHN LAHER MARGARET GLOTHAR 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, granknown) (If yes give war ar dates of service) PRS. LIEWIS DEVORE, WESTERNPORT, MD. 220-10-2095 18. CAUSE OF DEATH (Enter only one couse-per INTERVAL BETWEEN the I-tronsit ONSET AND DEAL PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (signed buriol-tr buriol-tr buriol, a Conditions, if ony, which gove nse to immediate couse (a), DUE TO stating the underlying couse os the has been last. IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? etoched for use Dept. of Heolth NO IX O FUNERAL DIRECTOR: After this certificate 206 ACCIDENT WAS UNDERLYING [7] 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) Not While foctory, street, office bldg , etc.) of work ot work 21. I certify that (1) (this haspital) attended the deceased from 3 -1967 to 5 - 2 ., 19 (a athor (I) (we) lost Poge 4 may be retained , and that death occurred at 7 3 4 M. from causes and an the date stated above. saw the deceased olive on 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** director, poge 3 DIRECTOR PHYS. PHYS 22c PHYSICIANS 22d. ADDRESS NAMEHTYpe 4700 MORTH, MECHANIC, STREET, CUMBERLAND DOERNER DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 230 BURIAL, CREMATION F'BG. MEMORIAL PARK FROSTBURG. MD. 25b. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A1E (4) 20 M 1/66 JOSEPH R. DURST. SR. FROSTBURG, MD. 1967

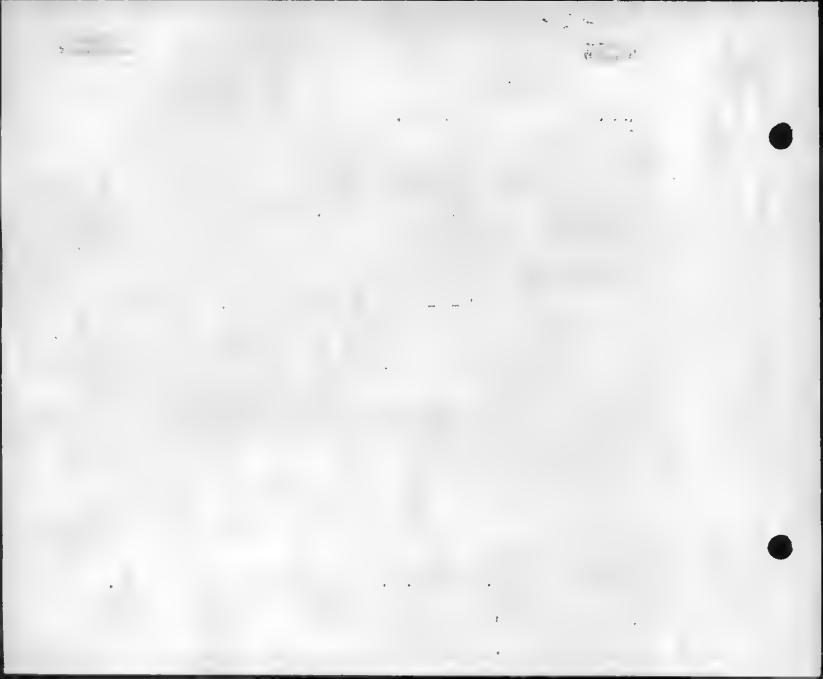


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then plane remove carbon papers. Pages-1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The lam remulses that the menth certificate be enecuted within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

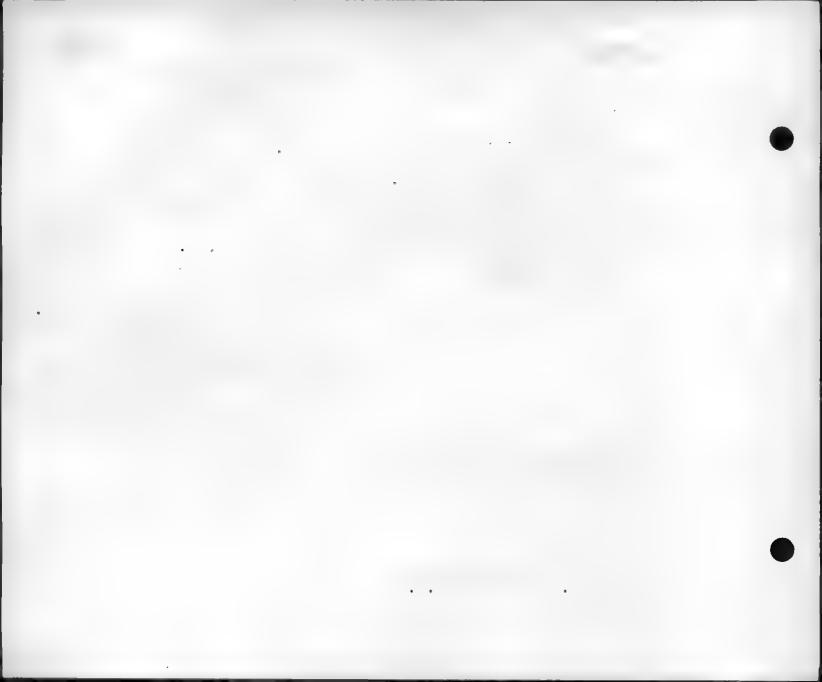
> VR A15 (4) 15M 4-64

	MARYLAND STATE DEPARTMENT OF HEA	ALTH
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON ST	
	CERTIFICATE OF DEATH	neagt

			OLKINIOAI	OI DEAI		Seves .	, 43
1. 1	PLACE OF DEATH			2. USUAL RESIDER	NGE (Where deceased lived,		sidence before admission)
	ALLEGA		MARYLAND	a. STATE	ARYLAND b.	COUNTY	ALLEGANY
	o. CITY OR TOWN (if outside corpo write RURAL and give nearest t	rate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limi	ts, write RURAL	and give nearest town)
	FROSTBURG	,	14 HRS.	I	ECKHART		1 1
	d. NAME OF HOSPITAL OR INSTITUT	FION (If not in ho	spital, give street address)	d. STREET ADDRES	S		o. IS RESIDENCE ON A FARM?
	MINERS HOSPITAL			<u> </u>			YES NO Y
	NAME OF DECEASED	First	Middle	Last	4. DATE OF DEATH MA	Month	Day Year
5.	(Type or print) ELIZA SEX 6. COLOR OR RAC			RGENT B. DATE OF BIRTH	19. AGE (In 1	vears LIF UNDER 1	19 67 LYEAR IF UNDER 24 HRS.
सम	MALE WHITE	WIDOWED 1		FEB. 14, 18		nday) Months	Days Hours Min.
10a.	USUAL OCCUPATION (Give kind of wo	ork done 10b. KI	IND OF BUSINESS OR		County & State, or foreign	country) 12. Cl	TIZEN OF WHAT
	ng most of working life, even if reti ETIRED COOK		IDUSTRY TAURANT	MAR	ZLAND		LS.A
13.	FATHER'S NAME	1		14. MOTHER'S MA			
	WILLIAM HARRIS				ERINE CROSS		
	WAS DECEASED EVER IN U.S. ARMED, no, or unknown) (If yes give war or date	FORCES? 16.		INFORMANT		Address	
		212	-24-0309 MR	S. BETTY CA	ARTER, ECKHAR	T, MD.	
	18. CAUSE OF DEATH Enter only		ne for (a), (b), and (c).]	0 1	0 - 0	10 n.	ONSET AND DEATH
	PART I. DEATH WAS CAUSED IMMEDIATE CAU	SE (a)	everac	fou	Purco - RH	Sickly_	Z days
		UE TO	80110	6			Elens
	Conditions, if any, which gave rise to immediate	(b)	ac 70,	·	<u> </u>		1
	cause (a), stating the Diunderlying cause last.	UE TO					
8	PART II. OTHER SIGNIFICANT CONDI	(c) ITIONS CONTRIBU	TING TO DEATH BUT NOT REL	TED TO THE TERMINA	L DISEASE CONDITION GIV	/EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CAT							YES NO NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAL	EATH MINER	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature	of Injury in Part I or Pa	rt II of Item 18.	
	20c. TIME OF INJURY Month, Da	1		CE OF INJURY (Home,		own) (Cou	nty) (State)
MEDICAL	Hour a.m.	While	MOT WILLS (-)	ry, street, office bldg.	, etc.)		
▝	p.m. 1 21, 1 certify that (I) (this ho			au	1967 to ma	4 13 196	that (I) (we) last
Н	saw the deceased alive on	way	13 19 6), and tha	t death occurred at	M, from the c	auses and on th	*
	22a. SIGNATURE		0			22b. D	ATE SIGNED
	John	ed in	1 to avera, M.I		DIRECTOR PHYS.		16/67
	22c. PHYSICIAN'S / NAME (Type)	HN B. DA	VIS, M. D.	22d. ADDRESS 2 BROAL	WAY, FROSTBI	URG, MD.	
23a.	BURIAL CREMATION, 23b. DAT	THEREOF	23c. NAME OF CEMETER	OR CREMATORY	23d. LOCATION (city, town or cou	inty) (State)
		16 167	FBG. MEMORIA	L PARK	FROSTBURG		2.0101127102
24.	FUNERAL DIRECTOR		ADDRESS	25a. F	- 00	56. REGISTRAR'	// / /
	JOSEPH R. DURST,	SR., FRO	OSTBURG, MD.	DATE	y 1 8 1967	- Merce	00



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08026 CERTIFICATE OF DEATH 36637 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY ALLEGANY **b** COUNTY VIRGINIA MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RJRAL and give nearest town) b CITY OR TOWN (If autside corporate limits, write Rumal prepared (447) RIDGELEY 9 DAYS OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau S RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS RT. #1 MEMORIAL HOSPITAL YES NO IST NAME OF Middle 4 DATE DECEASED MAXINE LECHLITER MAY event, (Type or pnnt) DEATH S SEX 6 COLOR OR RACE 7 MARRIED A DATE OF BIRTH AGE (In years NEVER MARRIED at bythday) Months 7-5-1919 WHITE WIDOWED [DIVORCED pup 10a USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT Blowse Factory during most of working ife, even if retited) KEYSER, W. VA. Seamstress 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME ROBERT SIMPSON MARY ANDERSON 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give war or dates af service MEMORIAL HOSPITAL. CUMBERLAND. MD. CAUSE OF DEATH (Enter only one cause per line-for (o), (h), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(0 WAS AUTOPS'
PERFORMED? NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item B.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. I.M. OF INJURY Manth, Doy, Year Hour a.m. factory, street, affice bldg., etc.) Not While 19___, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from . fo 19 ____, and that death occurred at 2:26 P.Mom causes and on the date stated above saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE DIRECTOR M.D. 22d ADDRESS 22c PHYSICIAN'S TO HOSPITAL L.LOUIS MOULD M.D. NAME (Type) 1068 NATIONAL HIGHWAY, LA VALE, MC 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g BURIAL CREMATION 23h DATE THEREOF REMOVAL (Specify) Burial Mt. Zion Cemetery Near Keyser, W. Va. 250 RECD BY REGISTRAR ADDRESS Jares F. Scarpelli, Cumberland, Md.



OR ATTEMBING BEYSICIAN

O MOSPITAL OR ATTENDING MAYSICIA Poge 4 may be retained by the hospital

25M 1/67

06033

ALLEGANY

1. PLACE OF DEATH o COUNTY

MARYLAND b CITY OR TOWN (If autside corporate imits c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) WINTER COMBERCANDON CUMBERLAND DAY d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS 100 ROBERTS STREET MEMORIAL HOSPITAL event, within 7 3 NAME OF First Middle 4. DATE LEE MAY DECEASED
[Type or print] **ERNEST** DEATH S SEX B DATE OF BIRTID-13-1893 AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 13, 1893-73 WHITE WIDOWED X MALE DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during mast af working life, even if retired) INDUSTRY WEST VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME REBECCA SHAHAN WILLIAM LEE 15. WAS DECEASED EVER IN L.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give war ar dates af service) 16 SOCIAL SECURITY NO 17 INFORMANT MEMORIAL HOSPITAL. Health prior to buriol, cremotion, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise ta immediate cause (a), DUE TO stating the underlying couse PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION TO FUNERAL DIRECTOR: After this certifical 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part it of item 18) Stote Dept. of detorhed (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF NJURY (Hame, farm, 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a.m. factory, street, affice bldg., etc.) Not While at work at work L 21. I certify that (1) (this haspital) attended the deceased from Tech, 10 ge 3 should | led with the S 19 6 7, and that death occurred at saw the deceased alive an **ATTENDING** DIRECTOR director, poge should be filed 22c. PHYSICIAN S RICHARD NAME (Type) 23a BUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Wotring Chapel May 8.1967 250 REC'D BY REGISTRAR VR A15 (4) James F. Scarpelli, Cumberland, Md.

2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a STATE MARYLAND b (COUNTY ALLEGANY

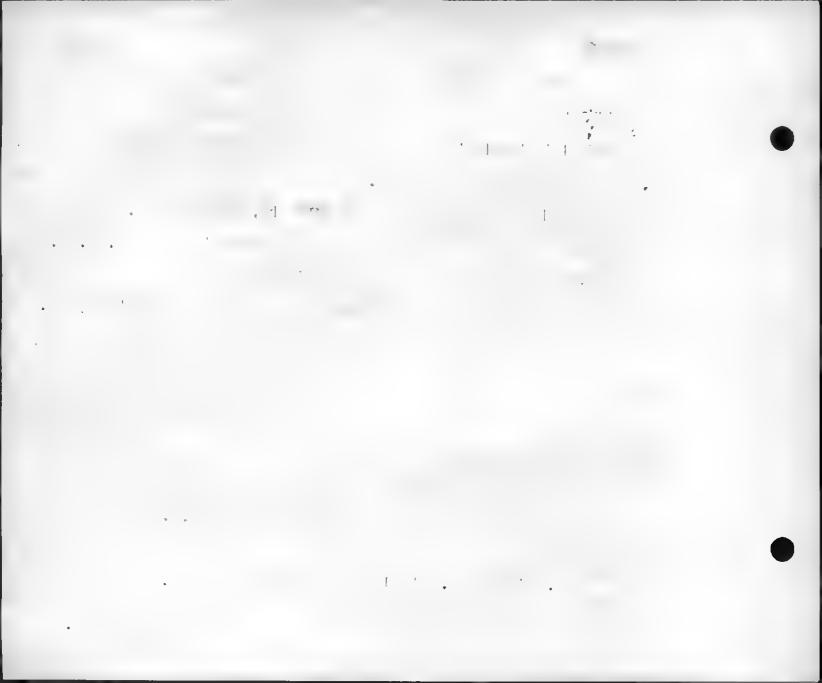
IF UNDER 1 YEAR

e IS RESIDENCE ON A FARM?

IF UNDER 24 HRS.

NO A

12 CITIZEN OF WHAT [] COUNTRY? CUMBERLAND. MD. INTERVAL BETWEEN 19 WAS AUTOPS PERFORMED? NO (City or town). (Caunty) (State) 196:550 A. M. May STO E That (1) (we) last M, fram causes and an the date stated abave. 22b DATE SIGNED CUMBERLAND, MD. 23d LOCATION (City or Town) (County) Rowlesburg, W. Va. 25b REGISTRAR'S SIGNATURE



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH 06033 C AND RECORDS, CERTIFICATE OF DEATH

1.	PLACE OF DEATH.	2 IISHAL RESIDENCE (When	e deceased lived, If institution: R	residence before admission)
	a. COUNTY	a. STATE	b. COUNTY	
]_	ALLEGANY MARYLAND	MARYLAN		LEGANY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside	corporate limits, write RURAL	, and give nearest town)
	CUMBERLAND. 51 DAYS	CUMBERLAND		, ,
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AODRESS		e. IS RESIDENCE ON A FARM?
	SACRED HEART HOSPITAL	216 SARATOGA S	T	YES NO X
3.			ATE Month	Day Year
٥.	DECEASED	OF		
-				19 19 67
	7. MARKIED NEVER MARKIED	. DATE OF BIRTH	9. AGE (in years IF UNDER last birthday) Months	Onys Hours Min.
F	EMALE WHITE WIDOWED X OIVERCED	0/6/96	70 yrs.	Ou)s Hours Iman
10	a. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR	11, BIRTHPLACE (County & S	tate, or foreign country) 12. C	ITIZEN OF WHAT
	ring most of working ilfe, even if retired) INOUSTRY	ALLEGANY, MAR		DUNTRY?
13		14. MOTHER'S MAIDEN NAM		afita
	JANES MORGAN	ELLEN TEMPLETO		
I (Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. es, no, or unknown) (If yes give war or dates of service)	INFORMANT	Address	
		PITAL RECORD	SACRED HEART	HOSPITAL
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Decression in IMMEDIATE CAUSE (a)	1 cl. 1.		ONSET AND DEATH
	IMMEDIATE CAUSE (a)	- Kecker	· · · · · · · · · · · · · · · · · · ·	
	DHE TO 2 9 O P 1'1	1 . C 1.	- Cellulitis	
	gave rise to immediate (b) According fack of	in Macken	- 12(1-4-1-1-45-0	
	cause (a), stating the			
	underlying cause last.) (in testila tur	cak shar t	··. ()	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELA	EO TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO?
LA T				YES NO
Ē	20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Inlury I	n Part I or Part II of Item 18	
E	OR CONTRIBUTING TO CAUSE OF DEATH	(NCO: (CINC) NOCOTO OT INJULY I		-,
	(IF EITHER, NOTIFY MEDICAL EXAMINER)			40.
MEDICAL	facto	E OF INJURY (Home, farm, 20 y, street, office bldg., etc.)	of. (City or town) (Co	unty) (State)
15	Hour a.m. While Not While at work at work		1	
1-	21. I certify that (I) (this hospital) attended the deceased from	7/29 1967	to 1/19 , 196	Z, that (I) (we) last
Н	saw the deceased alive on 1/9 1947, and that	death occurred at		
	22a. SIGNATURE		1 22b. 0	AJE SIGNEO
	D O me of a	ATTENDING MEO. DIRECTO	STAFF -	121/10
	22c. PHYSICIAN'S // DECKLER W.	PHYS. DIRECTO	OR PHYS. "	17/6/
,	NAME (Type)	TTU. MUUNCOO	/	
	1 V. /// \			
23	a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER)	OR CREMATORY 23d.	LOCATION (City, town or co	unty) (State)
	Durent 3/2 2/67 17 Falsie	ho (An, (umberland	MIC
13	AODRESS	1 25a, REC'D BY R	EGISTRAR 25b. REGISTRAR	'S SIGNATURE

1967

AI5

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and comparatory filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove, carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.



delay is

TO DEPUTY MESTAL EXAMINER: This certificate should be executed within 24 hours after death If

P.M.3 Page with the State Department of within 72 hours after death. in pericul in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with form 'pending' necessary, glease execute the certificate, writing the ward

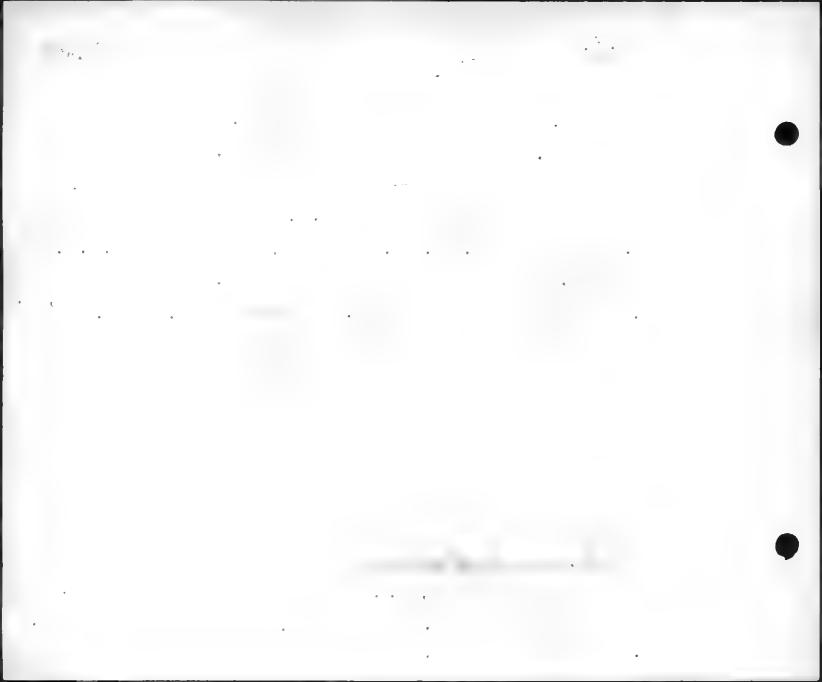
5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-trans.t perm t. File pages 1 and 2 Health or its designated agent, priar ta burial, cremation, or remava, and in any event

VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0604	0	MEDICAL EXAMINE	R'S CERTIFICATE C	OF DEATH	06029
PLACE OF DEATH					itutian Residence befare admission)
a. COUNTY	Allegany	MARYLAN		gland b.c	OUNTY Allegany
5. CITY OR TOWN write RURAL on	(If outside corporate limits, and a ve negrest town)	c LENGTH OF STAY N 1	b c CITY OR TOWN (IF as		RURAL and give neorest town)
			1	cutoch	31/ 1 DECEMBENCE
		haspital, give street address)	d STREET ADDRESS	0.5	e IS RESIDENCE ON A FARM?
	eene St.		81 Green		YES NO 🗷
3 NAME OF DECEASED (Type or print)	Blanc	he Middle	Lippold	OF MA	V 7, 19 67
S SEX	6 COLOR OR RACE 7	MARRIED NEVER MARRIED	B DATE OF BIRTH	9 AGE (In years	
Female		WIDOWED X DIVORCED	Oct. 9, 189		
10a USUAL OCCUPAT O	N (Give kind at wark dane	10b K ND OF BUSINESS OR	11 BIRTHPLACE (State	or foreign country)	2 CTZEN OF WHAT
	g life, even if retired)	B. E. O. RWY.	Barton, A	laryland	U. S. A.
13 FATHER'S NAME			14 MOTHER'S MA DEN	NAME	
Willi	am H. Thomas		Elizabe	eth P. Twinbu	ll
IS WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO	17 INFORMANT	A	ddress Arlington, Va.
No.	(If yes give war or dates af sei		Mr. George Tho	mas 4126 N.	26th Rd. 22207
	DEATH (Enter anly one couse p NTH WAS CAUSED BY	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			INTERVAL BETWEEN
	IMMEDIATE CAUSE (o).	CORON	IARY OCCLUSION	<u>N</u>	SOUDEN DEATH
4801	DUE TO				
Canditions, fan		(CORONARY SCLE	ROSIS	
nse to immedia stoting the unde					
last) (c)				
PART II. OTHER S	GONIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
200 EXTERNAL CO		205 DESCRIBE HOW INJURY OCCU	RRED (Enter nature of njury in	Part I ar Part II af tem IB	
Haur a.	JURY Month, Day, Year m. 19	20d INJURY OCCURRED 20 While hat Wh e of wark of wark	e PLACE OF NJURY (Hame, forn factory, street, office b ag , etc) (County) (State)
21. I certif	fy that I took charge at	f the remains described abov	e, held an Autopsy	Inspection V I	nquiry X. and in my opinion
		auses 🔼 , Accident 🔲 ,			· · · —
	1	1.	CHIEF MEDICAL		1
ACTUAL SIGNATURE	Benedict	Sketarelie	M D ASS STANT MED	DICAL EXAMINER	22. DATE SIGNED 22. TATE SIGNED
EXAMINER'S NAME (Type)		CITARELIC. M.D.	DEPUTE MEDIC		imberland, Maryland
230. BURIAL CREMATI	ON, 236 DATE THEREO		Y OR CREMATORY	23d LOCATION (City or	Town) (County) (State)
BULLACE	y) 5/11/67	SS. Poton	& Paul Cem.	Cumberland	. Allegany Md.
24 FUNERAL DIRECTO	-/ 11/01	ADDRESS			REGISTRAR'S SIGNATURE
		mberland. Marula			Mile . O. Jet.



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06841 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY **b** COUNTY ALLEGANY ALLEGANY MARYL AND MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town) CUMBERLAND CUMBERLAND DAYS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 468 BALTIMORE **AVENUE** MEMORIAL HOSPITAL YES NO DO NAME OF Middle 4 DATE First Last DECEASED 67 MAY MARGARET LITTEN (Type or print) DEATH S. SEX 6 COLOR OR RACE DATE OF BIRTH AGE (n years IF UNDER I YEAR IF JNDER 24 HRS **NEVER MARRIED** 7 MARRIED (Astronthyan) Months WHITE Hours FEMALE 6-14-92 WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY Home MARYLAND-CUMBERLAND 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME MOONEY. ANDREW J. JOHANNA M. DIGAN. IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, or unknown) (iff yes give war ar dates of service) 17. INFORMANT 16 SOCIAL SECURITY NO CUMBERLAND, MD. 215-16-4492 MEMORIAL HOSPITAL. 18. CAUSE OF DEATH (Enter only one couse per line tor (a), (b), and (c).)
PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse 19 WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO YES [200 ACCIDENT WAS JNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18) OR CONTRIBUTING CICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form, (State) 20c TIME OF INJURY Month, Day, Year (City or town) (County) Haur a m. factory, street, office blda Not While 21. 1 certify that (1) (this haspital) attended the deceased from 319 2:00 sow the deceased alive an and that death accurred at M, fram causes and an the date stated above. 22a. SIGNATURE 22b DATE SIGNED DIRECTOR CUMBERLAND, MD. 22c PYYSICIANS DR. S. G. WEISMAN 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BUR AL, CREMATION, (County) Burial (Specify) St. Mary's Cemetery Cumberland, Md. Allegany 250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATUR

Tcharley Jus

Scarpelli, Cumberland, Md.

Inw requires that the death certificate Te executed within 24 haurs after Teath and in any ar remayal. crematian, ar attending directar, page should be filed Page 4 may FUNERAL 2

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) **b** COUNTY o. COUNTY ALLIEGANY MARYLAND ALLEGANY MARYLAND c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, DAYS FROSTBURG e IS RESIDENCE ON A FARM? d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (H not in hospita, give street oddress) MINERS HOSPITAL 82 FROST AVENUE NO X Middle 4. DATE Month Year FIRST Lost **OECEASEO** PRICE LIEWELLYN THOMAS DEATH MAY (Type or print) 19 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years 1F UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED T NEVER MARRIED lost birthdoy) Months Days DIVORCED WHITE WIDOWED JAN. 7, 1891 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? REFRACTORIES USARVISOR OF MATN MARYLAND 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME PHILLIP LIEWELLYN MARGARET PRICE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 12-10-6300A MRS. BEULAH LLEWELLYN. FROSTBURG. MD. INTERVA. BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART | DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove nse to immediate couse (a), DUE TO stating the underlying couse WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? NO 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year Hour om.

last CERTIFICATION 20o, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MED.CAL

foctory, street, office bldg etc.)

21. I certify that (I) (this hospital) attended the deceased from 5 saw the deceased alive on_______ 220 SIGNATURE

M.D.

PHYS 22d. ADDRESS

DIRECTOR

19/27, and that death occurred at 92/5 m, from couses and on the date stated above.

E. MAIN)

PHYS.

22b. DATE SIGNED/

22c. PHYSICIAN'S NAME (Type)

23o. BURIAL CREMATION

23b. DATE THEREOF

RONG 23c. NAME OF CEMETERY OR CREMATORY FBG. MEMORIAL PARK

23d. LOCATION (City or Town) FROSTBURG.

(Stote)

19.67, that (I) (we) lost

VR A15 (4) 20 M 1/66

O FUNERAL DIRECTOR: After

directar, page 3 shauld should be filed with the

ars after death

24

requires that the death certificate be

be retained by the haspital ar attending

filled

letely

physician

within

event,

and in any

cremation, ar remaval,

signed by the burial-transit g burial, crematia

prior tal

Dept. af Health

detached

has been

certificate ā

pou

SGT

3. NAME OF

MALE

5 SEX

BUILTAL (Specify) MAY 24 167 24. FUNERAL DIRECTOR JOSEPH R. DURST, SR., FROSTBURG, MD.

ADDRESS

Not White

of work

of work

DATE

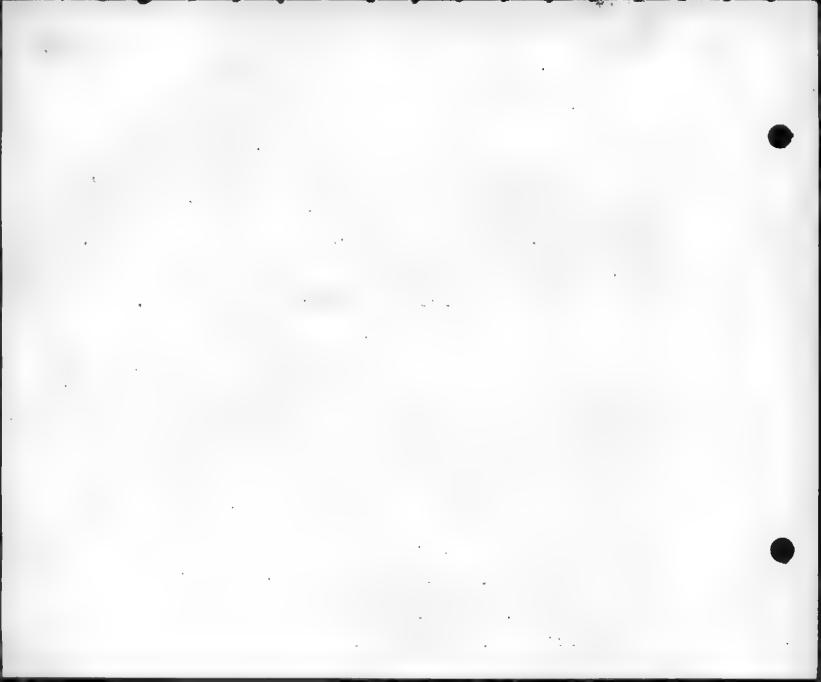
REC'D BY, REGISTRAR

25b. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

•	
FOR STATE	0604
ANTH DEPT.	1 PLACE OF DEAT

Zwith the State Department of at wither 372 hours after death. necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

LEXALINER: This certificate should be executed within 25 hours after death

TO DEPUTY

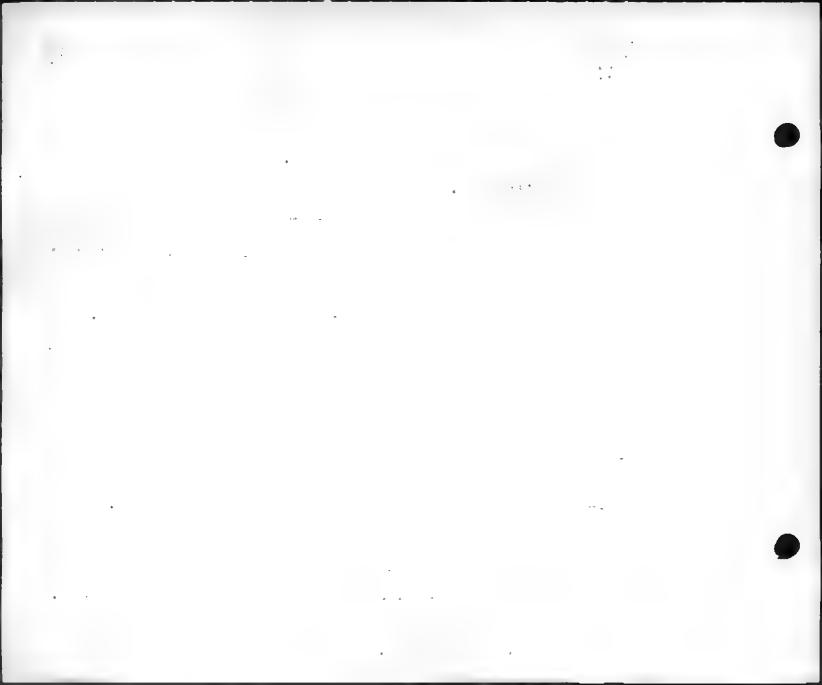
lond	evel	
podes	In ony	
1	puo	
5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial transit permit. File pages land	Health or its designated agent, prior to burial, cremation, or removal, and in any ever	
rans	jo ,	
o buriol t	remotion	
0.5	al, c	
nsed	buri	
pe pe	0	
ss. nould	prior	
our file	ogent,	
5 moy be retoined for your files.	signoted	
DIR	ts de	
RAL	0	
F.C.	eolth	
50	Ŧ	

MEDICAL	EXAMINER'S	CERTIFICATE	0F	DEATH

* 1	10	, T.	20	
2)	0	U	29	

PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution Reside	nce before admission)
a. COUNTY Allegany Frostburg MARYLAND	d. STATE Maryland b COUNTY All	Legany
b CITY OR TOWN (If outside carparate limits, c LENGTH OF STAY IN b	c CITY OR TOWN (f autside carparote limits, write RJRAL and gi	ve nearest town)
write RURAL and give nearest town) 2 days	Frostburg	
d NAME OF MOSPITAL OR INSTITUTION (I not in haspital, give street address)	d STREET ADDRESS	e IS RES DENCE
Miners Hospital	308 E. Main	ON A FARM? YES NO X
3 NAME OF First Middle DECEASED	Last 4 DATE Month	Doy Year
(Type or pnnt) Burman T. Loar	OEATH PLAY	12 19 67
	B. DATE OF BIRTH 9 AGE (In years FUNDER Last birthday) Months	Days Hours Min
M White WIDOWED DIVORCED	12-30-80 86 yrs	
100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working afe, even if retired).		ITIZEN OF WHAT
during most of working the even if retired here in the coal mines	TOST DWIT PARTY AND	J. S. A.
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Jacob Loar	Harriett Loar	<u> </u>
(Yes, no, or unknown). Uf yes give war at dates of service)	INFORMANT Address	
(Yes, no grunknown) (If yes give war ar dates of service) 16-03-4732A Mrs	s. Novella Crowe, Frostburg, N	/d
1B. CAUSE OF DEATH (Enter only one couse per one for (a), (b) and (c)) PART I, DEATH WAS CAUSED BY		NTERVAL BETWEEN
IMMEDIATE CAUSE (a) Contusion	ns of Brain	3 Days
DUE TO		3 Days
(anditions, if any, which gove the inset to immediate cause (a) (b) (Fall at	Home)	J Day 6
stoling the underlying cause DUE 10		
last. (c)		
PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE, ATED TO T 200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED. (CAUSE OF THAT	THE TERM NAL DISEASE COND TON GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Part I or Part II of item 1B)	
20c TIME OF INJURY Month Day Year 20d INJURY OCCURRED 20e PLAC		aunty) (State)
9:00 pmMay 9 19 67 While Nat While of work Ho	ary, street, affice bldg., etc.) ome Frostburg, Alleg.	Marvland
21. I certify that I tack charge of the remains described above, he		
death resulted fram: Natural causes , Accident XX Suici		
	, CHIEF MEDICAL EXAMINER	
SIGNATURE Demotest Sketarelie	MD ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER X May 12,	
NAME (Type) Benedict Skitarelic, M.D.	Address (Street, city, tawn, or county) Cumberls	
236 BÜRIAL (REMAT ON, 23b DATE THEREOF 23c. NAME OF CEMETERY OR (BURIAL (Specify) May 15 167 Frostburg Manual		,
The state of the s		
Joseph R. Durst, Sr., Frostburg, Md.	0/21/	SIGNATURE
occopii ita nuiso, ni e, ri osonuis, nue	MAY 17 1967 / Cuarta	10

VR A15ME (5)



CEDTIEICATE OF DEATH

for	0	1	2	A
115	اليه	4	10	1

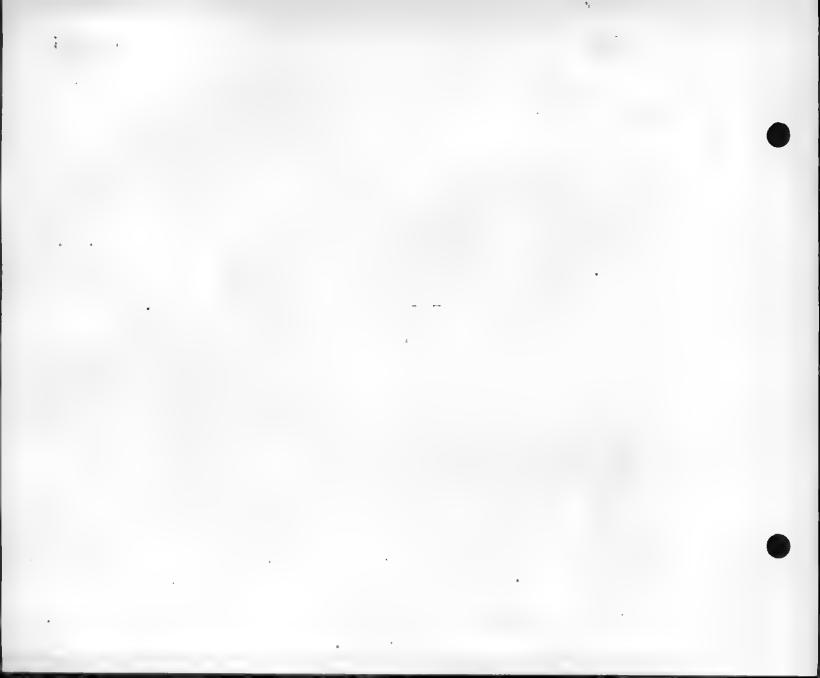
00040	CENTIFICATE	OF DEATH		65058				
PLACE OF DEATH				stitution Residence before admission)				
a COUNTY ALLEGANY	MARYLAND	o. STATE WES		COUNTY				
b. CITY OR TOWN (If outside corporate limits,	C LENGTH OF STAY IN 16			e RURAL and give nearest town)				
Write CUMBERLAND	22 DAYS	PATTER	SON CREEK					
d. NAME OF HOSPITAL OR INSTITUT ON (If not	in haspital, give street address)	d STREET ADDRESS		e IS RES DENCE ON A FARM?				
MEMORIAL HOSP				YES NO S				
3 NAME OF Firs		Lost	4 DATE OF	Month Doy Year				
(Type or print) PARILER		GSDON	DEATH	MAY 67				
	THE TEXT THE PARTY OF THE PARTY	8. DATE OF BIRTH	9 AGE (In year last spirithdo					
MALE WHITE		3-12-1895	14	irs				
10a LSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired B & O Signalm:	10b KIND OF BUSINESS OR INDUSTRY	, ,	& State, or fareign country)	12 CITIZEN OF WHAT COUNTRY?				
Hetired B & O Signalma 13. FATHER'S NAME	anj	West Virg		U.S.A.				
		14. MOTHER'S MAIDEN						
LOGSDON, GEORGE			MARGARET	4.48				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknawn) (If yes give war or dates af	service)	INFORMANT		Address				
No		MEMORIAL	HUSPITAL,	CUMBERLAND, MD.				
18. CAUSE OF DEATH (Enter only one cous PART I. DEATH WAS CAUSED BY:	e per line far (a), (b) and (c).)	mbolis,	Offario	INTERVAL BETWEEN 2 ONSEL AND DEATH				
IMMEDIATE CAUSE (
Conditions, if ony, which gove)	word miner	- phletil	u L.L. T	of 48 home				
rise to immediate cause (a),)	· · · · · · · · · · · · · · · · · · ·		/				
stating the underlying couse of Curcinoms Rt. Curry with generalizes " metorias & moth								
PART II OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COI	NDITION GIVEN IN PART 16	a) 19 WAS ALTOPSY				
200 ACC DENT WAS INDEPLYING TO			,	PERFORMED? YES NO F				
	206 DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in	Part I or Part II of item 11					
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		, , , , , , , , , , , , , , , , , , , ,		,				
20c TIME OF INJURY Manth, Day, Year	20d INJURY OCCURRED 20e PLA	CE OF INJURY (Hame, farm	n, 20f (City or taw	n) (County) (Stote)				
Hour'a.m.		tary, street, affice bldg., etc		m 19/27				
21. I certify that (I) (this hasp	ital) attended the deceased from)	July 66.1	95 - 250 D M	. 19 . that (1) (We) las				
saw the deceased alive on/	may 1962, and tha	t death accurred at	525 M, fram cau	ses and on the date stated above				
220 SIGNATUR	100 0	ATTENDING	MED. STAFF	22b. DATE SIGNED				
Vr. Ulhe	11 / 2 come M.	D PHYS	DIRECTOR PHYS	0/may 67				
22c PHYSICIAN'S NAME (Type) DR. W. A	. VAN ORMER	22d. ADDRESS CUMBE	RLAND, MD.					
23a BURIAL, CREMATION, 23b. DATE THER	EOF 230 NAME OF CEMETERY OR	CREMATORY	23d LOCAT ON (City	ar Town) (Caunty) (State)				
Burial (Specify) 5/4/67	Fort Ashby Ce	emetery		y Mineral W. Va				
24 FUNERAL DIRECTOR	ADDRESS	250	BY REGISTRAD 25	GOUTRAR'S SCHATTER				
H. Lee Silcox hoh D	ecatur St. Cumberlan	nd Md DATE	2 100/	The state of the s				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deat TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 fan should be filed with the State Dept of Health prior to bur al, crematian, ar remaval, and in any event, within 72 hours after da Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

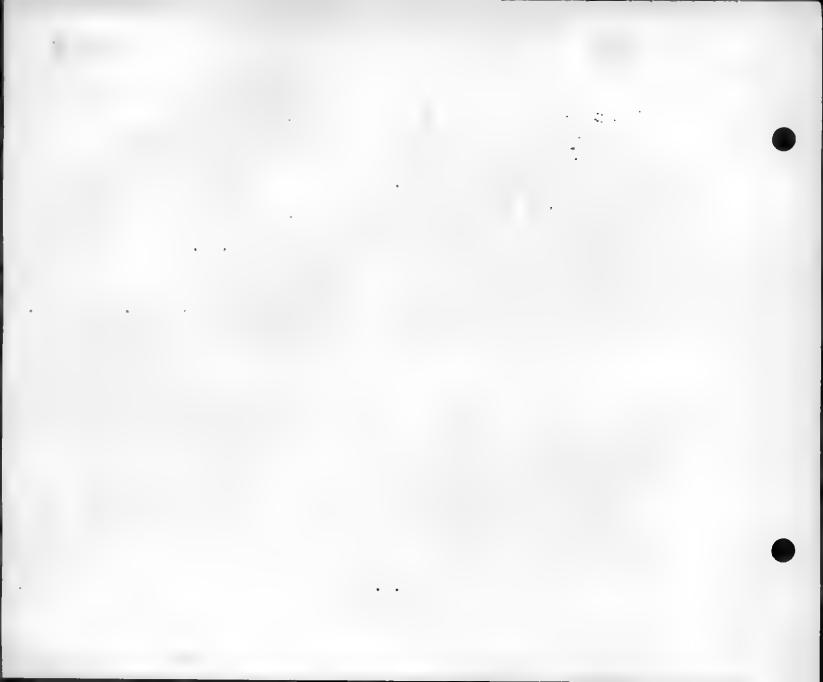


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 96046 CERTIFICATE OF DEATH 24 hours after death in by the funeral ers. Pages I and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) o. COUNTY o. STATE **b** COUNTY Allegany Maryland Allegany MARYLAND carban papers. Pages b (IIY OR TOWN (If outside corporate limits, write RURAL and give necrest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate firmits, write RURAL and give negrest town) Yrs rural Westernport d. STREET ADDRESS S RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) campletely filled in YES NO 🔽 3 NAME OF Middle First 4. DATE Manth Last Day DECEASED John Samuel 1 Machin 24 (Type or print) May 19 67 DEATH executed IF UNDER 24 HRS S SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (n years lost birthday) IF UNDER I YEAR 7. MARRIED NEVER MARRIED 9 Haurs Male White June 29, 1886 WIDOWED DIVORCED 1Do USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT requires that the death certificate be Coal Mine COUNTRY? Garrett-Md 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remayal, John T. Machin Emma Handley attending poermit. The IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address signed by the attendi burial-transit permit. (Yes go or unknown) (If yes give wor or dotes of service) 216-07-7244 Emma Stemp-Cumberland, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN IMMEDIATE CAUSE (a) DUE TO Chronie Branchitis with Asthma 20 Years Conditions, if only, which gove 1 rise to immediate couse (o), DUE TO stoting the underlying couse has been last. 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIF CATION NO X ATTENDING PHYSICIAN: certificate 20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MED:CAL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm (City or town) (County) (Stote) foctory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from March 10, 1965, to May 24, 1967, that (1) (we) last be retained director, page 3 should should be filed with the saw the deceased alive an. May 231967, and that death accurred at 7145 AM, fram causes and an the date stated above. 22o. SIGNATURE 226 DATE SIGNED **ATTENDING** MED DIRECTOR M.D PHYS 22d. ADDRESS Piedmont, W.Va. 22c. PHYSICIAN'S Paul R. Wilson NAME (Type) 230 BURIAL CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Westernort REG STRARS SIGNATURE May 26, 1967 Philos **ADDRESS** 250 REC'D BY REGISTRAR Westernport, Md. VR A15 (4) 25M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #9 Film #G389 06047 OF DEATH The law requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, f institution. Residence before admission) p. COUNTY ALLEGANY a. STATE b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate imits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Page: thin 72 hours of write RURAL and give nearest town) **CUMBERLAND** CUMBERLAND 1MO 7DA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE 309 DECATUR STREET NOX NAME OF Middle DATE Month Inst Doy Year completely DECEASED HAZEL B. MALLOY 26 MAY 19 67 9 (Type or pont) DEATH and in any street AGE (In years lost birthdoy) IF LINDER YFAR IF .. NDER 24 HRS NEVER MARRIED 8. DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED F remove Months Doys FEMALE WHITE WIDOWED DIVORCED 9-7-1903 and 12 CITIZEN OF WHAT Do USBAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) USA PIEDMONT.W. VA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME bur of, cremotion, or removal, DAVID BRADENBERG BESSIE RAWLINGS 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dotes of service MEMORIAL HOSPITAL. CUMBERLAND. MD. NO NONE INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))
PART 1 DEATH WAS CAUSED BY: CHISET AND CEATH burnol-tronsit CARCINOMATOSIS-PRIMARY IN UTERUS IMMEDIATE CAUSE (o) DUF TO signed Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stating the underlying couse Page 4 may be retained by the hospital or attending as the last 19 WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO. 20o ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF NIJRY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) ((ounly) (Store) Hour om. foctory, street, office bldg., etc.) While Not While ot work at work 19 64, ta 19 6 / that (1) (we) last Leertify that (I) (this haspital) attended the deceased from 5-26 and that death accurred ata My from causes and on the date stated above. DIRECTOR: saw the deceased alive an filed with 220 SIGNATURE ATTENDING DIRECTOR director, poge should be filed ADURESS 22c. PHYSIC AN S FUNERAL LUSBY. NAME (Type) THOMAS NATIONAL HIGHWAY. 0 23b DATE THEREOF 230 BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) PHILOS CEMETERY WESTERNPORT. 0 ADDRESS 25o. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 25b REGISTRAR'S S GNATUR BYRON KIGHT DATEJUN CUMBERLAND, MD.

MARYLAND STATE DEPARTMENT OF HEALTH



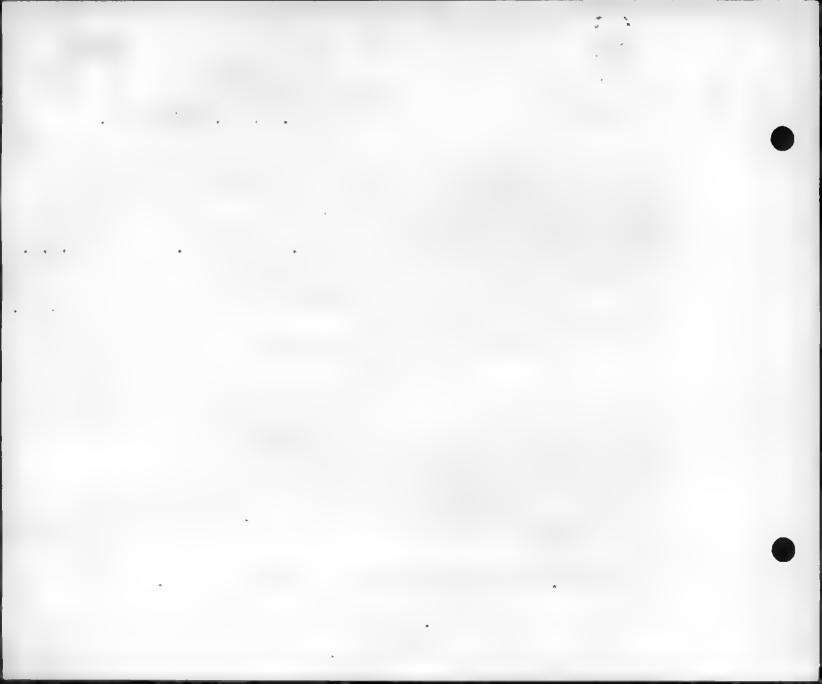
		26048	CERTIF	CATE OF	DEATH		Jour	3 4		
		PLACE OF DEATH O. COUNTY ATTEGANY	MARY	0	STATE MARYL	ere deteosed lived, if instant	county ALLE			
		b CITY OR TOWN (If outside corporate limits, write CUMBEREAND)	c. LENGTH OF STAY IN	() ()	·	de corporate limits, write MT. SAVA		orest town)		
50		MEMORIAL HOSPI		d 51	REET ADDRESS			e IS RESIDENCE ON A FARM? YES NOXX		
1		NAME OF First DECEASED (Type or point) JOS			ALLOY	OF DEATH	МДҮ	11 19 67		
)	M	MALE WHITE W	MARRIED NEVER MARRIED VIDOWED DIVORCED	☐ 6-	0		Y) Months Doy	ys Hours Min		
		USCAL OCCUPATION (Give kind of work done ing most of working life, even (fretred) MATINE MECHANIC	CELAINESE		MT. SAVA		12 CITIZEN COUNTR			
		LAWRENCE MALLOY			ANN I E	WILLS				
	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of sen	16 SOCIAL SECURITY NO 214-05-4614	17 INFORM	ORIAL HO		Address CUMBERAL	AND, MD.		
		18. CAUSE OF DEATH (Enter only one couse por PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (b)	er line for (g), (b), and (c))	nassu	1 Colon	Thered	justin	INTERVAL BETWEEN		
		Conditions, if any, which gave are to immediate cause (a), stating the underlying cause (b).	Cesterwslen	ter C	andw A	asular h	Poseu	year		
1 4.	FICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTR	Decheld	Meli	ites			19 WAS AUTOPSY PERFORMED? YES NO		
	CERT	20° ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b DESCRIBE HOW INJURY OF	` .				•		
	MEDICAL	20c. TIME OF IN JRY Month, Doy, Yeor Hour o.m. p.m. 19	While Not While of work Ot work		NJURY (Home, form et, office bldg , etc)	20f (City or law	n) (County)	(Stote)		
		21. I certify that (I) (this haspital) attended the deceased fram								
	22b. DATE	SIGNED SIGNED								
10		22c. PHYSICIAN'S DR. OVERT		GHT	^{2d} ADUMBER					
n	E	D BUR AL CREMATION, REMOVAL (Specify) BUR LALL S-15-67 LUNERAL DIRECTOR	SE PATRI ADDRESS			23d LOCATION (City of SAVAC	or Town) (CDL HI) D. REGISTRAR'S SIGNA	anty) (Stote)		
	24	JOSEPH R. DURST. S		G. MD.	DAMAY	1 7 1967	Milianles	Quedal.		

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death.

Page 4 may be retained by the haspital or ottending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely fulled in by the director, page 3 should be detached for use as the burial trans t permit. Then please remove carbon papers. Page mhould be filed with the State Dept of Health prior to buriol, cremation, or remaival, and in any event, within 72 hours of



FOR STATE HEALTH DEPT

Department

The State

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death If Liny delay is

5 may be refained far your files

TO IUNIMAL MINECTOR: Page 3 should be mind as in burial transit parmit file pages land? with Heath prar to bunal, cremation, ar removal, and in any event within 72 haurs after death.

	06043		MED	ICAL EXAMINE	R'S I	CERTIFICATE O	F DEATH	i.	E038
	PLACE OF DEATH o COUNTY	Allegany		MARYLAN	D	2 USUAL RESIDENCE (V	Where deceased lived if i	nstitut on Residen COUNTY Min	ce before odm ssion)
	b CITY OR TOWN (write RURAL and Cumber	foutside corporate limits, give negrest tawn) Land		c LENGTH OF STAY IN 11	b	Fort	tside corporate in its wr Ashby	te RURAL and give	
		AL OR INSTITUTION (If not				d STREET ADDRESS			e IS RESIDENCE ON A EARM?
	D. O.	A. Sacred	Hear						AEZ NO 🔀
	NAME OF DECEASED	Firs		Modle		Lost	4 DATE OF	Month	Day Year 6 19 67
	(Type or print)		alph	Vernon		Marker B DATE OF BIRTH	DEATH 9 AGE (In ye	May	19 O /
	XEX No. 7		7 MARR ED	NEVER MARRIED [1 7 -	May 26, 19	last bytho	loy) Months	Days Hours Min
-	Male occupation	White (Give kind of work done	W DOWED	IND OF BUSINESS OR		11 BIRTHPLACE (Stote	€ ×1"	12 CI	TIZEN OE WHAT
dur	ring most of working l Railro		113	tired Black	smi	th Fort	Ashby, W.	C)	USA
13	FATHER'S NAME					14 MOTHER'S MAIDEN I			
		ob Marker			3 10		ha Berry	Address	
15	WAS DECEASED EVE (es, no, or unknown)	R IN U.S. ARMED EORCES? (If yes give wor or dotes of		SOCIAL SECURITY NO		nformant r. Robert (). Billmyr	Address e, Fort	Ashby, W.V
	IB. CAUSE OF DEATH (Enter only one couse per kne for (o), (b), and (c).) PART I DEATH WAS CAUSED BY. MMEDIATE (AUSE (o) Coronary Occlusion								SUDDET AND DEATH
	Conditions, if ony, which gove (b) (b) Coronary Sclerosis								
	stoting the under	rlying couse	(c)					3.00	
25	PART II OTHER'S GNIEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WA AUTOPSY PEREORMED?								
CATIO	Lymphosarcoma YES NO E								
MEDICAL CERT F CATION	200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of in dry in Port or Part II of item 1B.) PRIMARY II or CONTRIBUTING II CAUSE OF DEATH.								
MEDICAL	20c. TIME DE INJURY Month, Doy, Year Hour a.m. D.m. 19 20d INJURY OCCURRED While of work of								
	21 I certify that I taak charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion								
		death resulted fram Natural causes 💹 , Accident 🔲 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner							
	ACTUAL SIGNATURE Demecree States Company May 7,1967 22. DATE SIGNED								
	EXAMINER'S	Dr. Benedi	ct Sk	itarelic, M	A. I	D. Address (Stree	AL EXAMINER	Rt.9 Ci	
23	35 BURIAL, CREMATIC		REOF	23c NAME OF CEMETER		CREMATORY	23d LOCATION (Cit	y or Town	(County (Stote)
	Burial Specify		,1967		y (Cemetery			Va. Minera
	24 FUNERAL DIRECTO)R		erland, Md.		2So REC	D BY REGISTRAR	256 REGISTRARS	
	ogmed 1.	pearbetti	, Jump	crrand' WG.		DATE	11 11 1201	1	10

VR A15ME (5)

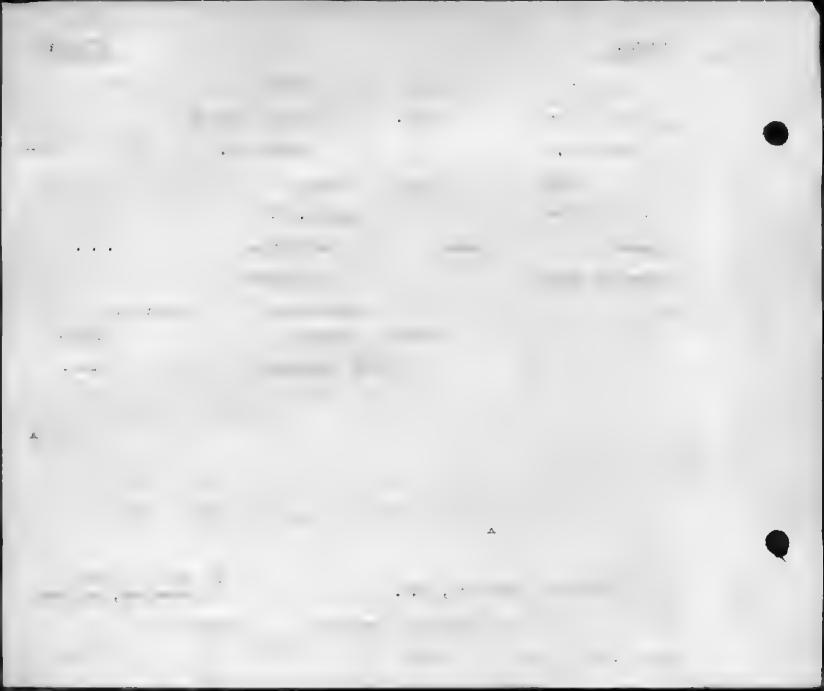


TO DEPUTY M. AL EXAMINER: This centificate should be execused within 24 haurs after death. If any drawder, please execute the militate, writing the word "pending" in pendil in flem 18. Give Pages setting 3 to the funer rector, Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Place 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 15 may with the State Board of Health or his designated agent, prior to burial, cremation, or removal, and in any event within 78-hours after death

V5. A15ME 5M 9/60

1	MARYLAND STATE DI	EPARTMENT OF HEALTH
	Division of STATISTICAL RESEARCH AND RECORDS,	301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	- 06050 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH
I	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence batter, admission) e. STATE b. COUNTY
	b. CITY OR TOWN (if outside corporete I mits, c. LENGTH OF STAY IN 1b write RURAL end give neerest town)	Maryland c. CITY OR TOWN (If oulside corporate limits, write RURAL and give neerest lown)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	Oldtown Maryland d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
ı	3. NAME OF DECEASED (Type or print)	Oldtown Md. YES NO Day Year OF DEATH
	5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8.	Mc Bride DATE OF BIRTH 9. AGE (In years IF UNDER YEAR IF UNDER 24 HRS. lest birthday) Montha Days Hours Min.
	Male WIDOWED DIVORCED DIVORCED DOWN TO BUSINESS OR INDUSTRY dona during most of working life, aven if retired	July 14. 1905 61 Yrs. 12. CITIZEN OF WHAT COUNTRY?
	Farmer Farmer	West Virgina 14. MOTHER'S MAIDEN NAME U.S.A.
	Tuthen Mc Bride 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. IN (Yes, no, or unknown) (If yesgive were ordeles of service)	
ł	18. CAUSE OF DEATH [Enter only one cause per the for (e), (b), and (c)]	leo Mc Bride Oldtown Md. INTERVAL BETWEEN
1	PART I, DEATH WAS CAUSED BY,	ONSET AND DEATH
ı	IMMEDIATE CAUSE (e) CORONARY _	OCCLUSION SUDDEN
Į	DUE TO	OV SATERACTO
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying DUE TO	RY SCLEROSIS
ı	cause lest. (c)	
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO 1
	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	ater neture of intury in Pert I or Pert II of Item 18.)
	20c. TIME OF INJURY Month, Day, Yeer 20d. NJURY OCCJRRED 20e. PLAC While Not While fector fector p.m. 19	E OF INJURY (Home, ferm, 20f. (C'ty or town) (County) (Steta) ry, street, office bldg., etc.)
	21 I certify that I took charge of the remains described above, held	d an Autopsy . Inspection X, Inquiry X, and in my opinion
	death resulted from. Natural causes	de . Homicide . Undetermined manner .
		CHIEF MEDICAL EXAMINER
	SIGNATURE BENEdict Sketarelic	M.D. ASSISTANT MEDICAL EXAM.NER DEPUTY MEDICAL EXAMINER XX HAY 16. 1967
	EXAMINER'S Benedict Skitarelic, M.D.	Address (Street city, town or count Cumberland, Maryland
	22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or country) [Stefa]
(Burial May 19, 67 Pine Hill Ce	metery Oldtown Md 24a REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
	Lauis Stein Inc. Cumbe. M	DATEMAY & & 1967 Schanles Judge



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death. and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY A. STATE b. COUNTY ges 1 after Allegany MARYLAND Maryland Allegany
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) by the Pages b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 15 within 72 hours 드 McCoole Wks Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled e. IS RESIDENCE d. STREET ADDRESS ON A FARM? ND TY 749 Maryland Avenue McMullen Highway YES etely within 500 NAME OF First Middle Last DATE Month Ďav Year 4. DECEASED event. (Type or print) DEATH 67 Katherine McFarland 19 עיין הM Mav 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED 7. MARRIED F last birthday) Months | Days vernov Hours In any Female White WII

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOWED T DIVORCED [June 3 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) physician þ 6356 and S Housewife
13. FATHER'S NAME Maryland ā removal, MOTHER'S MAIDEN NAME tending ph Mark E. Emily Virginia Kuhn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITYNO. 17. Route 3, Box 41A 10 (Yes, no, or unkown) (If yes give war or dates of service) cremation, Keyser, W. Va. None Mrs. Virginia Northcraft been signed transit price to burial, cremati CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the as the underlying cause last. has (c) S PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY for use Health use CERTIFICATI PERFORMED? certificate YES NO TH this certimed detached for 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part 1 or Part 1) of Item 18.) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While et work After Id be d While p.m. at work retained 21. I certify that (I) (this hospital) attended the deceased from Nov 16 1964 the DIRECTOR: Jage 3 should lied with the 19.67, and that death occurred at/9457M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED 22h. page ATTENDING PHYS. STAFF autor - 20-67 M.D. DIRECTOR PHYS. TO HOSPITAL Page 4 may O FUNERAL 22¢. PHYSICIAN'S 22d. ADDRES\$ director, p should be NAME (Type) ARLTON SFIELD 40 LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. REMOVAL (Specify) Buria t Cem | Near Cumberland, Marylo 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Maryland Prosperity Methodist Cem FUNERAL DIRECTOR ADDRESS DAMAY 2 VR AI5 (4) Cumberland Ave. 2DM

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Ĺ		06052			CERTIFICATE OF DEATH						0	08041		
} [PLACE OF DEATH					2. USUAL RES	SIDENCE (V	Vhere deceosed live			before od	mission)	
4		ALLEGA			MARYLA		o STATE	7 7 7 1	YLAND	b. COUNT	ALLI	EGAN	<u> </u>	
	-	OCITY OR TOWN (If outside write RURA, and give n			c LENGTH OF STAY IN	b	c CITY OR TO	WN (If ou	side corporate firm	ts, write RUR	Al and give i	nearest to	wn)	
1		CUMBER			16 DAY	S	CUMBERLAND					04	age.	
ľ	2	NAME OF HOSPITAL OR II		rospitol, giv			d. STREET AD				•		RESIDENCE	
		MEMORI	AL HOSPI	TAL			}	308	COLUMB	IA ST	•	YES	NO X	
ľ		NAME OF	First	**	Middle		Lost		4 DATE	Month		Doy	Year	
ı		DECEASED Type or print)	THOM	MAS	Gordon		MC GII	N N	OF DEATH	MAY	1	1	19 67	
ľ	5 5	SEX 6 COL	OR OR RACE 7 /	MARRIED	NEVER MARRIED	X) E	DATE OF BIR	TH		n yeors			NDER 24 HRS	
	_	MALE		IDOWED [DIVORCED	- 1 1	2-2-19			Brindoy) Yrs			ours Min	
		USJAL OCCUPATION (Give king most of working life, ever		105. XIND INDU	O OF BUSINESS OR ASS	OC.			Stote, or foreign to	untry)		EN OF WH	AT	
ŀ	9.73	Laborer Amer. Trucking 114, MoTHER'S MAIDEN NAME							0	JA				
١	WILLIAM MC GINN 14. MOTHER'S MAIDEN NAME ANNA HOLSINGER													
r	15.	WAS DECEASED EVER IN U.S	ARMED FORCES?	16. SO	CIAL SECURITY NO.	17. II	NFORMANT			Addres	5			
ı	(Yes, no. grunnown) (If yes give wor or dotes of service) 213-24-669.3 MEMORIAL HOSPITAL. CUMBERL										ADEDI.	AND	MD.	
F	Т	1B. CAUSE OF DEATH (Er				ΙVΙ	EWURT	<u> 3L</u>	USPITAL	, CON	DENL		L BETWEEN	
ı	П	PART I DEATH WAS	CAUSED BY	mie toi to	epatic		I.	lux					AND DEATH	
ı		7,2°)	MMEDIATE CAUSE (6)	- 1	cperic		1 QL1	1004	-					
ı	-1	Conditions, if ony, which	DUE TO		irrhe	Si	<	of	Live	V-		2 n	nonths	
ı	-1	rise to immediate couse	(a) (a) -								-		-	
ı	stoting the underlying couse DUE TO													
ı	last, (c)													
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)										19 WA	S AUTOPSY FORMED?			
	₹1		Di	ساحل	enal	W	un					YES [NO D	
	CERT PICATION	200 ACCIDENT WAS UNDER: OR CONTRIBUTING ☐ CAUS	E OF DEATH	20b DESC	RIBE HOW INJURY OCCU	IRRED (Enter noture of	injury in f	Port I or Port II of	item 18)	,			
		(IF EITHER, NOTIFY MEDICAL		001 4111	UDV OCC IDDED		T or welling o		00/ //			. 1	(4)	
	MEDICAL	20c TIME OF INJURY Mo Hour o m.	nth, Doy, Year				E OF-INJURY (F ory, street, office			(Pwot 10	(Coun	iγ)	(Stote)	
ľ	٤	p.m.	19	at work.	Not While of work	200	1 1 10			n		-7		
ı		21. I certify that	(1) (this haspital) attende	d the deceased fro	om	15 4		96 / ta_	11114	2, 19	, that	(I) (we) las	
ı	-1	saw the decease	d olive onl	Mac	1967, on	d that	death occu	irred of	10:40 PM	n causes a	ind on the	date st	oted obove	
ı		220 SIGNATURE		1.			ATTENDING		MED	STACE	22b. DAT			
Charen Stasto M.D. ATTENDING MED. STAF										5/3/	67			
Į		22c PHYSICIAN'S	/				22d ADD			-				
		NAME (Type) AN	IDREW STA	ISKO.	M.D.		40	1_DE	CATUR S	I, Cl	IMBER	LAND	, MD.	
ſ	230	BURIAL, CREMATION,	23b DATE THEREOF		23c. NAME OF CEMETER				23d LOCATION		m) (0	County)	(Stote)	
		REMOVAL (Specify)	5/4/67		Eckhart C	eme	tery		Eckhar	t, Al	legani	1. Ma	ryland	
	24.	FJNERAL DIRECTOR			ADDRESS			2So RECD	BY REGISTRAR	25b REG	SISTRAR S SIG	NATURE	4.00	
1		H. Wayne G	eorge Cur	berla	ind, Maryla	nd		DATA	5 196	7 80	liarle	2 June	7	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 14 haurs after 11 auth.

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 snauld be detacned for use as the burnal transit permit. Then please remave carban papers. Pages Landshould be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event manning 72 haurs of the again.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MAR

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

W. PRESION STREET, BALTIMORE, MARYLAND 21201									
ERTIFICATE O	F DEATI	4	05	142					
2 USUAL RESIDENCE (Where decease			ore odmissi	on)				
° STATE Mary.	land	ь (OU)	Alle	gany					
c CITY OR TOWN (If ou	itside corparate	limits, write RUF	AL and give neo	est town)					
Box 51 E	Fairgo	Cumber	land, (1	*				
d STREET ADDRESS					DENCE				
Division	Ave.	<u> </u>		YES	NO 📉				
Lost	4 DATE	Mont	h D	oy Ye	ar				
lcKenzie	OF DEATH	May	14,	19	67				
DATE OF BIRTH	9	AGE (In years	IF UNDER 1 YEAR		24 HRS				
lan. 5, 194	8	19 birthdoy) yrs.	Months Doys	Hours	Min.				
II BIRTHPLACE (Stote	or foreign cou	ntry)		OF WHAT					
Cumberla	nd, Ma	ryland	u. S.	. A.					
14 MOTHER'S MA DEN 1	NAME								
Margaro	t T F	PEZNIN							

		O CUCNIT	Allegany		MARYLA	ND	O STATE Mary	Land b (OUNTY AL	legany		
		b. CITY OR TOWN (If	outside corporate limits,		c. LENGTH OF STAY IN 1			tside corparote limits, write	RURAL and give	neorest town)		
,		Cumberla			10 Minute	á	Box 51 E 1	airgo, Cumb	erland,	(/	ł	
			OR INSTITUTION (If not in	hospitol, gi	ve street oddress)		d STREET ADDRESS			e IS RES	DENCE FARM?	
		Memorial	Hospital				Division A	lue.		YES	ио 🔼	
		NAME OF DECEASED (Type or print)	Willie	on	Middle Leo		McKenzie	4 DATE NO NO DEATH May	North 14		67	
	5			MARRIED	NEVER MARRIED		B DATE OF BIRTH	9 AGE (In years	S IF UNDER I		R 24 HRS	
	M	<i>lale</i>	White v	VIDOWED [DIVORCED		Jan. 5, 1948	3 105t birthdoy) Months	Doys Hours	Min.	
	10o duri	. USUAL OCCUPATION (I	Give kind of work done		D OF BUSINESS OR		II BIRTHPLACE (Stote	- 17	7.0	IZEN OF WHAT		
		rainter		Pair	iting Contr	0		rd. Maryland	u.	INBY? A.		
	13	FATHER S NAME	iam McKenzie				14 MOTHER'S MA DEN N					
	r		NUS ARMED FORCES?		DCIAL SECURITY NO.	17 1	NFORMANT	t T. Flynn	44			
	(Ye	is, go, or unknown) {(Ii	Ass dive mount gates of set	Vicel						Cumb. M	d.	
		No.	71. 17			WL.	P. William	McKenzie Bo	x 51E r			
			TH (Enter only one couse power of the WAS CAUSED BY.	er line for (1. ()	ma t	horax. Left			INTERVAL BE		
			IMMEDIATE CAUSE (a). DUE TO		110	7101	nomus, regi	<u> </u>		Minuce	0	
		Condit ons, if ony, w			R	upt	wred Left Li	una		Sudden		
		rise to immediate	ouse (o), DUE TO			-		5				
		stoting the underly last	(c)			Com	pression of	Chest				
	CERTIFICATION	PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS A TOPSY PERFORMED? YES FXO NO										
	TEIG	200 EXTERNAL CAUS		20b DES	CRIBE HOW INJURY OCCU	RRED	(Enter noture of injury in P	ort or Port Lof stem IB))	12.0		
		PRIMARY 1 or CONTI CAUSE OF DEATH	R BUTING L	Dri	ver in a on	e c	ar accident					
	MED.CAL	20c TIME OF NUR		20d INJ	URY OCCURRED 20	e PLAC	E OF INJURY (Home form				(Signa)	
8	Σ	9:00 ====	May 14, 1967				ary, street, office hidg str.)	Nr. Fort A	shby Ha	mpshire	,	
		21. I certify	that I took charge of	the rem	ains described obov	e, he	ld an Autopsy 🗶,	Inspection M, Ir	nquiry 💢,	and in my	opinion	
		deoth resulter	from: Notural co	USP5	, Accident 🔀,	Strici	ide 🔲, Homicide					
									- 11 7	May 14	196 SIGNED	
1		EXAMINER'S NAME (Type)	Benedict Ski	tarel			Address (Street	city, town or county) Cu	mberlan	id, Md.		
0	230	BURIAL CREMATION, REMOVAL (Specify)	23b DATE THEREO		SS. Peter		CREMATORY	23d LOCATION (City or Cumberland	r Town)	(County) (otote)	

Cumberland, Maryland

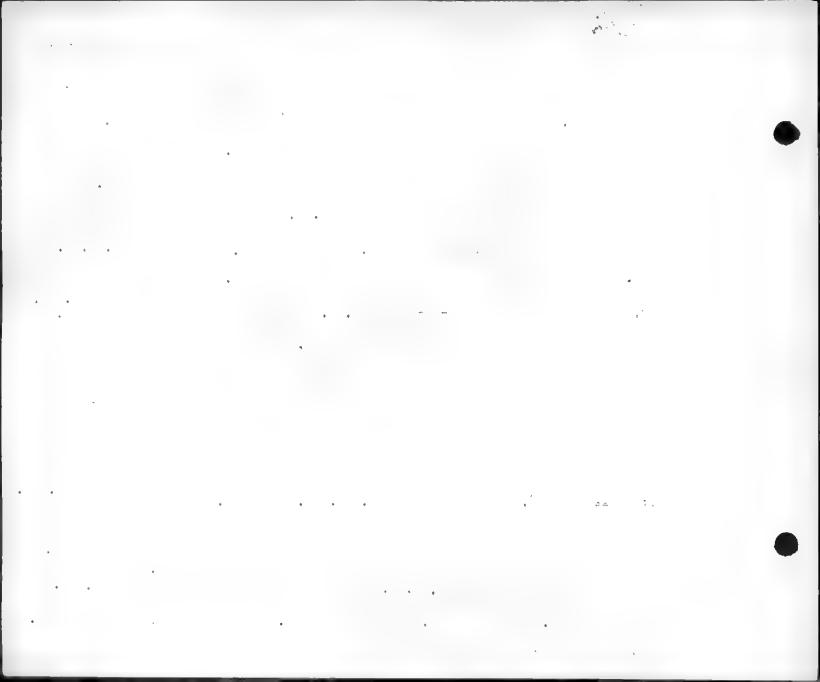
MAY 1 8 1967

2Sb

VR A15ME (5)

24. FUNERAL DIRECTOR

H. Wayne George



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

- 20	06054	CERTIFICATE OF DEATH	0.0043
death.	1 PLACE OF DEATH	2 USUAL RESIDENCE (W	here deceased lived, f institution. Residence before admission)
funeral 1 and rer dear	a COUNTY ALLEGANY	MARYLAND O. STATE MARY	LAND 6 COUNTY ALLEGANY
off off	b CITY OR TOWN (If autside corporate limits,		ide corporate limits, write RURAL and give nearest town)
24 haurs after ad in by the frapers. Pages 77 hours after	Write RURAL and AND CUMBERLAND	27 DAYS BOX 29	4, BARTON, MD.
ha in Sissi	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	give street address) d STREET ADDRESS	e IS RESIDENCE ON A FARM?
thin 24 haurs after d filled in by the funing papers. Pages 1 c	MEMORIAL HOSPITA	L	YES NO S
cuted within ampletely fine ve carban event, with	3 NAME OF First MARY (Type or print)	M. MC VICKER	4 DATE Month Doy Year OF DEATH MAY 14 19 67
The Control	SEX 6 COLOR OR RACE 7 MARRIED		9 AGE (In years IF LNDER 1 YEAR IF UNDER 24 HRS
xect may	FEMALE WHITE WIDOWED	DIVORCED - 9-17-90	last birthday) Manths Days Hours Min
icate be executed with sician and campletely to please remave carban, and in apy event, with	10b. USUAL OCCUPATION (Give kind of work done during most of warking life even if retired)	GIND OF BUSINESS OR NDUSTRY DAWS ON ,	COUNTRY 2
fical ysic ple al, a	13 FATHER'S NAME	14. MOTHER'S MAIDEN NA	AME
phy nen lova	EVAN SIGLER	MARY A	. FORTHMAN
th certification of the second	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO 17 INFORMANT	Address
e diath attending permit. I	(Yes, no, ar unknawn) (If yes give war at dates at service)	MEMORIAL HO	SPITAL CUMBERLAND, MD.
that the death certificate be executed within an. by the attending physician and campletely fills fransit permit. Then please remave carban potremation, ar removal, and in apy event, within	18. CAUSE OF DEATH (Enter only one couse per line for PART DEATH WAS CAUSED BY; IMMEDIATE CAUSE (a)	(a) (b), and (c)) exelval hemory	hags interval between onset and death
equires t physicia s.gned t b.rial-tr	Conditions, if any, which gave (b)	Leveralizar atteri	Ollerania
red of p of b	rise to immediate cause (a), stating the underlying cause (c)	0	
The affer has see as hard	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONF	OITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING COAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Po	art Lar Part III of Item 1B.)
this this detact	Haur a m. Whil	INJURY OCCURRED e Nat While atwark factory, street, affice bldg , etc)	20f (C+y ar tawn) (Caunty) (State)
TENDING ined by t OR: After auid be a	21. I certify that (I) (this hospital) attersow the deceased alive an.		25A to 5-14-, 1967, that (1) (we) last 25A M, fram causes and an the date stated abave.
OR ATT be retain DIRECTO ge 3 sha	220 SIGNATURE MM. F.		MED STAFF 226 DATE SIGNED MEECTOR PHYS 25-15-67
	22c PHYSICIAN'S NAME (Type) DR. W. F. WIL	LIAMS 122 S.	CENTRE ST., CUMBERLAND, ME
O HOSPITAL Page 4 may O FUNERAL director, pag should be fi	230 BURIAL, CREMATION, PEMOVAL (Specify) 5/16/67	23c NAME OF CEMETERY OR CREMATORY Philos	23d LOCATION (City or Town) (County) (Stote) Westernport Md.
	24 FUNERAL DIRECTOR	ADDRESS 2Sq REC'D	BY REGISTRAR 25b REGISTRAR'S SIGNATURE
VR A15 (4)	In Ulana V	esternment Md 4445	1 1 0 1007 Member Judal.



5 (4) 1/65 VR A A15

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 16055

1	DIAGE DE DELE	1									
1.	PLACE OF DEATH	π					esidence before admission)				
	J. 300111	ALLEGANY	140 mad (2 2 2	a. STATE MARYL		b. COUNTY	LECANY				
_	h CITY OF TOW		MARYLAND Imits. c. LENGTH OF STAY IN 1b				LEGANY and give nearest town)				
	Write RURAL	N (if outside corporate I and give nearest town)	C. LENGTH OF STAY IN ID	C. CITT OR TOWN (IT O	utside corporate iin	HILS, WITCH HURAL	aum King ilagreer routh				
	Cumber] a	ind - 1977-/ 1979/7	GUE 117 BZ YEARS	Mt. Sav	a cre						
	d. NAME OF HO	SPITAL OR INSTITUTION	(if not in hospital, give street address)	d. STREET ADDRESS	6		e. IS RESIDENCE				
1	SACRED H	EART HOSPITAL		P.O. BOX 53	37, CUMB.,	MD.	ON A FARM?				
3.	NAME OF	First	Middle	Last	4. DATE	Month	Day Year				
	DECEASED (Type or print)	WALTER	FRANCIS	MEADE	DF DEATH	5	5 19 67				
5.	SEX	6. COLOR DR RACE La	MARRIED NEVER MARRIED	DATE OF BIRTH			1 YEAR HE UNDER 24 HRS.				
	MALE	1./LITE	**	_	last bir		Days Hours Min.				
	MALE	WHITE	WIDDWED A DIVORCED	2-18-06	61	yrs.					
10a	. USUAL OCCUPAT	IDN (Give kind of work don	10 10b. KIND OF BUSINESS DR	11. BIRTHPLACE (Cour	nty & State, or foreign		TIZEN OF WHAT				
dur	ing most of work	ing life, even it rethred)	SR. CLERK	MELL VODY	M V		UNTRY?				
	ellysp		CAD SK. CLERK	NEW YORK,			1. S. A				
13.	- 0			14. MOTHER'S MAIDE							
	RICHARD	MEADE		MATHILO	A (REITH)					
15.	WAS DECEASED	EVER INU.S. ARMED FORCE	ES? 16. SOCIAL SECURITY ND. 1 17.	INFORMANT Hospi		_Address					
(Ye	s, no, or unkown)	(If yes give war or dates of ser			CAL ANAMILS						
	Yes, no, or unknown) (If yes give war or dates of service) 214-07-0834 SionRE CORDS										
- 1	18. CAUSE DF	DEATH [Enter only one c	ause ger line for (a), (b), and (c).]	Δ	4		INTERVAL BETWEEN				
- 1	PART I. DI	ATH WAS CAUSED BY:	1/2 5-0 0 . 00	1 and of	1 -1.		ONSET AND DEATH				
j	1154V	IMMEDIATE CAUSE (a)	Henenhore	peconal	ruy vo-						
	40 11	DUE TO		10 22	111-7	//					
ı	Conditions, If		insertion / 12	Y aroutt of	upon ler	minet					
- 1	gave rise to	Immediate (1 1:							
	cause (a), s	raring fire [acata To Itu	11.11.14	- Because	2 of Ears	103				
z	underlying caus	(2)	would to the	in to the ye	~ 1000000	r peur	100				
읩	PART II. DTHER	9 6	CONTRIBUTING TO DEATH OUT NOT RELA	red to the terminal dis	SEASE CONDITION GI	IVEN IN PART 1(a)	19. WAS AUTOPSÝ PERFORMED?				
2		Syndran				11	YES Y NO				
필	2Da. ACCIDENT	WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter natura of I	niury in Part I or P	art II of Item 18.) A				
CERTIFICATION	DR CONTRIBUT	WAS UNDERLYING THE CAUSE OF DEATH THE MEDICAL EXAMINER		ALLES ALTON HOUSE OF I		or it or itom 10.	,				
- ((IF EITHER, NO	ITTY MEDICAL EXAMINER	9								
MEDICAL		INJURY Month, Day, Yea		E OF INJURY (Home, farr	m, 20f. (City or t	own) (Cou	nty) (State)				
	Hour a.r		: While - Not while -:	y, street, office bldg., etc	:-)						
2	p.(at work at work								
	21. I certif	y that (I) (this hospita	al) attended the deceased from	, 19	to	, 19	, that (I) (suc) last				
- 1		ceased alive on		death occurred at	M, from the c	causes and on th	ne date stated above.				
	22a. SIGNATUI		2)		,		ATE SIGNED				
	19/	11/1/	(/	ATTENDING MI	ED. STAF						
	00- 4-10-	416/100	M.D.		RECTOR PHYS	<u>. </u>					
	22c. THYSICIA NAME (T	mal - Cam	DALII	22d. ADDRESS	E CT CIB	4D 44D	21502				
		DR. E. R.	PAUL	36 GREEN	E 31., LUM	4B., MD.	41502				
23a	_ BURIAL, CREW	ATION, 23b. DATE THE	REOF 23c NAME OF CEMETERY	OF CREMATORY	23d. LOCATION	(City, town or cou	inty) (State)				
L	REMOVAL (Sp	(Eliy) 5/8/	67 St Hotar	is Cam	mat 1		mil				
24	FUNERAL DIRE	TOTO COTO	ADDRESS (1 25a, REC'I	D BY REGISTRAR 2	25b BEGISTRAR'	CCICNATURE				
24.	TUNE DIRE	1	() CAUDRESS / 11	A A A V	0 · 4007	CAL.	I . And				
0	Samo	Mun	me. (umb. 11)	DATE	ישטו ס	Minores	d July				
A				87, 1,		-	-0				



FOR ST P.M3. Page any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18 Give Pages 1, 2, and 3 to 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or remova and in any event within 72 hours after death. the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form This certificate should be executed within 24 hours after death If TO DEPUTY MEDICAL EXAMINER:

26056

MARYLAND STATE DEPARTMENT OF HEALTH

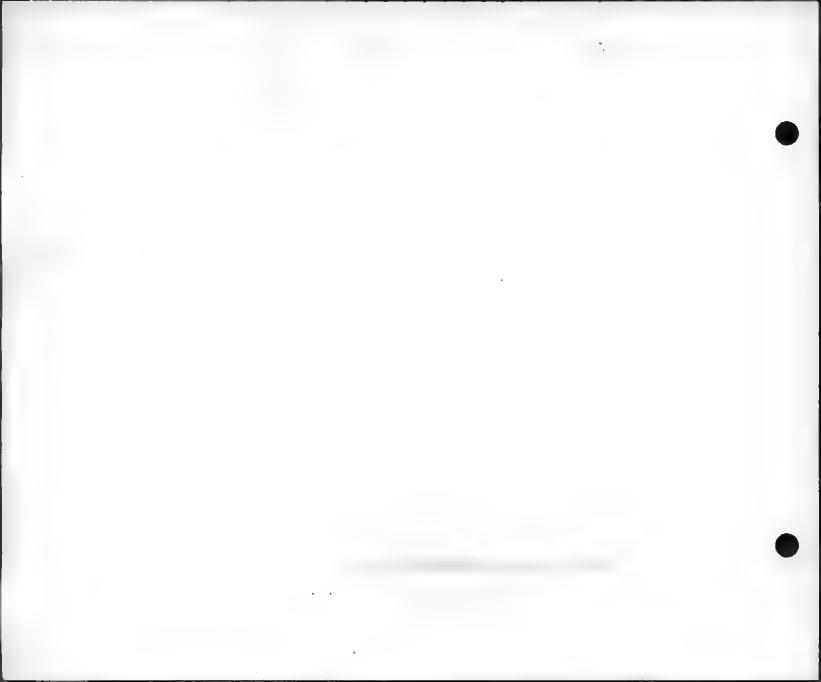
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MONAT

_	00000						<u> </u>		31		
1	PLACE OF DEATH				2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission)						
	o COUNTY	Allegan	7	MARYLAND	o STATE Mary	land boot	NTY AL	legar	ny		
Г	b CITY OR TOWN (f	outside corporate limits		c LENGTH OF STAY IN 16	c CITY OR TOWN (If or	utside corporate limits, write RU	RAL and give	s neorest to	own)		
	wickin be	gwe negrest town)		70 years	Cumb	erland, Md.		/	//		
	d NAME OF HOSPITA	L OR INSTITUTION (finat in	hospito g	ive street address)	d STREET ADDRESS			e I	S RESIDENCE ON A FARM?		
	429 Hor	mer Street			429	Homer Street			NO 🔼		
3	NAME OF	First		Middle	Lost	4 DATE Mon	th	Day	Year		
	OECEASED (Type or print)	Ela	sie	Marie	Morris	OF DEATH M	ау	19	19 67		
S	XEX		MARRIED	NEVER MARR ED	B DATE OF BRTH	9 AGE (In years last birthday)	Months		UNDER 24 HRS		
	Female	White		DIVORCED	1944 Y91796	11.	110-11-15	0043	nocis raili		
10c	USUAL OCCUPATION	(Give kind of work done		NO OF BUSINESS OR	11 BIRTHPLACE (Stofe			ITZEN OF W			
Q.D.	ring most of working li HOU:	sewife	Ow	n Home	Dobbins,			DIVICE 1	USA		
13	FATHER'S NAME				14 MOTHER'S MAIDEN						
		John E.				e Kieffner					
15 (Y	WAS DECEASED EVER es. no. or unknown) [6	R IN U.S. ARMED FORCES? (If yes give wor or dates of se	vice) 16 S		INFORMANT	Addi					
n	o '		1	M:	r. Chester	A. Squires, C	umber.	Land	,Md.		
		ATH (Enter only one couse p H WAS CAUSED BY	er line for	1 6: 4 6: 1 7 7		-			AND DEATH		
	TAKI I. DUAI	IMMED ATE CAUSE (o).		CORONAR	C OCCLUSIO	N		SUDD	EN		
	4201	DUE TO		CORC	NARY SCLE	ROSIS					
	Conditions, if any, rise to immediate	couse (o)									
	storing the underlying couse DUE TO										
	lost										
CERTIFICATION	PART II. OTHER SIG	MIFICANT CONDITIONS CONTI	CIBL! NO I	O DEATH BET NOT KEDATED TO	THE TERM HAL DISEASE CO	NUMBER IN PART I(0)		PE YES	RFORMED?		
RTIFIC	200 EXTERNAL CAL PRIMARY ☐ or CON		20b DES	CRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Port I or Part II of Item 1B)					
AL C	CAUSE OF DEATH		1 001 1	Work of the same		1 406 (6)	10				
MEDICAL	20c TIME OF INJUS Hour o.m	RY Month, Doy, Year	While at work	Not White foc	ICE OF INJURY (Home, forn tory, street, office bldg., etc		(601	Inty)	(State)		
	21. 1 certify	that I taak charge at	the rem	igins described abave, h	eld an Autapsy 🔲,	Inspection 🔣 , Inq	Jiry 🗶 ,	and in	my apiniar		
	death resulte	ed fram Natural o	uses X	, Accident , Sui	ode 🔲, Hamicide	Undetermined m	nanner []			
	ACTUAL	0	0	1	CHIEF MEDICAL	EXAMINER					
	ACTUAL SIGNATURE	Renedent	-	Retarded	MD ASSISTANT MED	DICAL EXAMINER	2.0	_	DATE SIGNED		
	EXAMINER'S NAME (Type)	Benedi	ct s	Skitarelic,	M.D. Address (Street	AL EXAM NER KI May	perlar		d.		
230	BURIAL, CREMAT OF		F	23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or To		(County)	(Stote)		
	REMOVAL (Specify)	May 22,	L967	Greenmount		Cumberland			gany		
24	4 FUNERAL DIRECTOR		-	ADDRESS	250	Y 2 3 1967 25b R	EGISTRAR S SI	GNATURE			
	James F.	. Scarpelli	, Cum	berland, Md.	DATE	7 2 3 1967 <i>f</i>	Mari	En year	oge.		

VR A15ME (5)



FOR STATE HEALTH DEPT:

> poges lond 2 with the litote Department of within 72 hours offer

in ony event

and F

delay is

please execute the certificate, writing the word 'pending' in pencil in Item 18. Give Pages 1, 2, and 3 to I director Page 4 sllould be forwarded to the Chief Medical Examiner's Office along with form PM3. Page

This certificate should be executed mithin 24 hours ofter death if

AL IXAMINIR:

TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH

		Division of STATIS	TICAL RESEA	RCH AND RECOR	DS, 301	W. PRESTON STRE	ET, BALTIMORE,	MARYLA	ND 212	10		
	06053	7	MED	ICAL EXAMIN	ER'S	CERTIFICATE O	F DEATH		[1	63	46	
1.	PLACE OF DEATH a. COUNTY	Allegany		MARY	LAND	2 USUAL RESIDENCE () O STATE Mary		of institution b. COUNT	1.0	e before .ega		on)
	b CITY OR TOWN (I write RURAL and Cumberl	f outside carparate I mit I give nearest tawn) and	S,	c LENGTH OF STAY IN		c CTY OR TOWN (Fas	rtside corporate limits erland	, write RLRA	d and give	nearest	town)	
		al OR INSTITUTION (If n eart Hospi	, ,	ive street address)		d STREET ADDRESS	oone Stre	eet		е	S RESII ON A F	DENCE ARM? NO &
3.	NAME OF DECEASED (Type or print)		rry	Middle E		Nee	4 DATE OF DEATH	Month Ma	V	Day 25	Yes	67
5	Male	6 COLOR OR RACE White	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED	L	Oct. 31, 1	895 71 AGE (1		F UNDER 1		IF UNDER Haurs	
đui	ring most of working Retire	(Give kind of work done life even if retired)		ND OF BUSINESS OR DUSTRY LCipal			W. Va.		12 CITI. COU	ZEN OF NTRY?	WHAT USA	
		ames A. N					a Lee	• 10				
	es, no, or unknown) yes	R IN U.S ARMED FORCES? (If yes give war or dates of War I	of service)	OCIAL SECURITY NO.	1	nformant rs. Florence	ce Nee, C	Address umber				
	PART I. DEAT	ATH (Enter only one cau H WAS CAUSED BY IMMEDIATE CAUSE			ORON	ARY OCCLU	SION	<u> </u>			RVAL BET	
	Conditions, if any, rise to immedial	e couse (a)	(b)	Coronary Sclerosis								
	stating the under)	(c)							110	4117 4117	0.00
CATION						HE TERM NAL DISEASE CON					WAS AUTO PERFORM S	
MEDICAL CERTIFICATION	20a EXTERNAL CA PRIMARY ☐ ar COI CAUSE OF DEATH		20b DE:			Enter nature of injury in 3		em 1B.)				
pm 14 atwark 🗆							ty)	((Stote)			
	21. I certif death result			nains described and , Accident,		d an Autopsy [], de [], Hamic de CHEF MEDICAL		, Inqui	ry X, nner	ond	in my	opinio
	EXAMINER'S	BENEDICT	Z SKTTAD	ELIC, M.		_M D ASS STANT MED DEPUTY MEDICA	ICAL EXAMINER	May	25,	19	2. DATE	SIGNED
23	NAME (Type)			1 23c NAME OF CEMET			, city town, or count			County)		tata)

VR A15ME (5)

TO FUNERAL DIRECTOR: Poge 3 should be used as buriol-transit mermit. Health or its designated agent, prior to burial, cremotion, ar removal,

5 may be retained for your files.

the funeral director

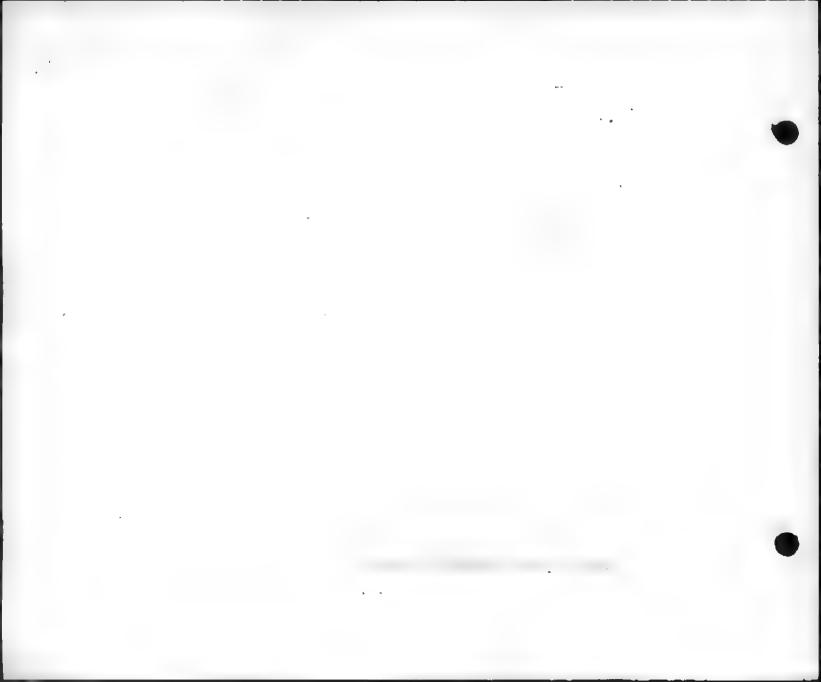
BREMOVAL (Specify)

Sunset Memorial Park ADDRESS

2So. REC'D BY REGISTRAR DATE MA

24 FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md.

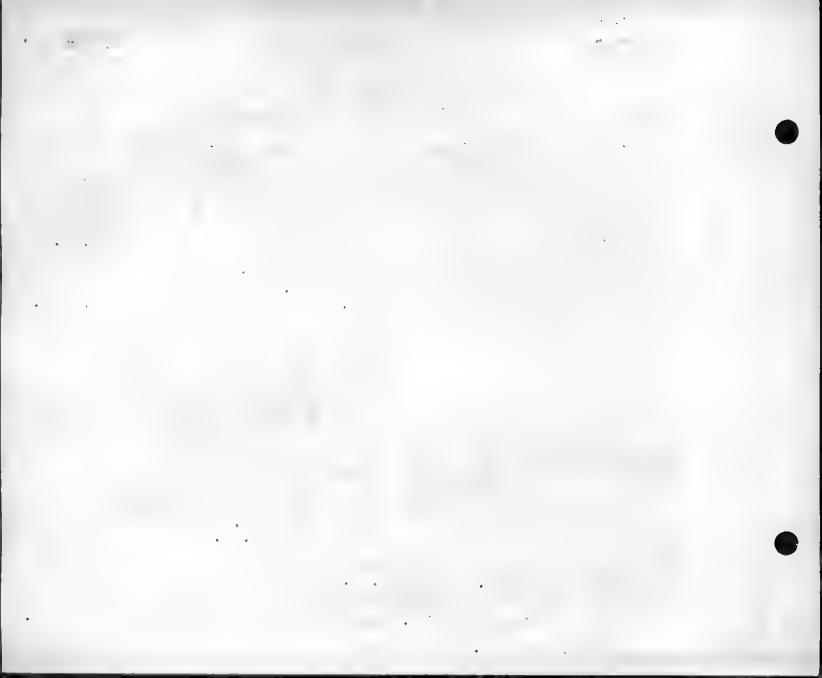
31 1967



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 36058 HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o COUNTY o. STATE b. COUNTY Page Allegany Maryland Allegany MARYJAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 (CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town) P.M3. write RURAL and give negrest town)
Cumberland 66 years Cumberland d NAME OF HOSP TAL OR INSTITUT ON (If not in haspital, give street address) S RESIDENCE ON A FARM? d STREET ADDRESS haurs in Item 18. Give Pages 1, alang with farm 1 South Terrace 1 South Terrace YES NO 3 This certificate shauld be executed within 24 haurs after death 4 DATE Month DECEASED May 16 19 67 (Type or print) Nies Joseph Peter DEATH IF UNDER 1 YEAR S SEX 6 COLDR OR RACE 7 MARRIED XX NEVER MARRIED B DATE OF BIRTH 9 AGE (In years IF UNDER 24 HRS June 15, 1900 66" birthdoy) Months White Male WIDOWED DIVORCED Office 100 USUA, OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or foreign country) 12 C TIZEN DE WHAT 10b K ND DF BUSINESS DR during most of working te, even if refused)
Maintenance **NDUSTRY** COUNTRY? Tire Cumberland, Md. Industry USA e, writing the ward "pending" in pencil in farwarded to the Chief Medical Examiner's 13 FATHER'S NAME 14 MDTHER'S MAIDEN NAME Andrew Nies Clara B. Sall IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) Mrs. Leota Nies, Cumberland, Md.-Wife no INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY SUNGEL AND DEATH Coronary Occlusion IMMEDIATE CAUSE (a) crematian, DUE TO Coronary Sclerosis Conditions, if any, which gave nse to immediate cause (a). DUE TD stoting the underlying couse WAS AUTOPSY PERFORMED? PART I DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) Į, 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of njury in Part I or Part II of Item 18) 3 shauld PRIMARY ☐ or CONTRIBUTING ☐ 4 shauld AL EXAMINER: TO FUNERAL DIRECTOR: Page 3 shau Health or its designated agent, pr CAUSE OF DEATH. 20d INJURY OCCURRED 20c TIME OF NURY Month, Day, Year 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office bldg , etc.) ot work at work Inspection X, 21. I certify that I tack charge of the remains described above, held an Autopsy ... Inguity X, and in my apinian the funeral director death resulted fram Natural causes X. Accident . Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASS STANT MED CA. EXAMINER [] May 16, 1967. DATE SIGNED O DEPUTY DEPUTY MED CAL EXAMINER Address (Street, city, town or county) Rt.9 Cumberland Md. Benedict Skitarelic, M. D. NAME (Type) 23d LOCATION (City or Town) 230 BURIAL, CREMAT ON, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) May 20.1967 SS. Peter & Paul Cemetery Cumberland, Md. Allegany 24. FUNERAL DIRECTOR ADDRESS 2SO REC D BY REGISTRAR James F. Scarpelli, Cumberland, Md. VR A15MF (5) 6M 1/66

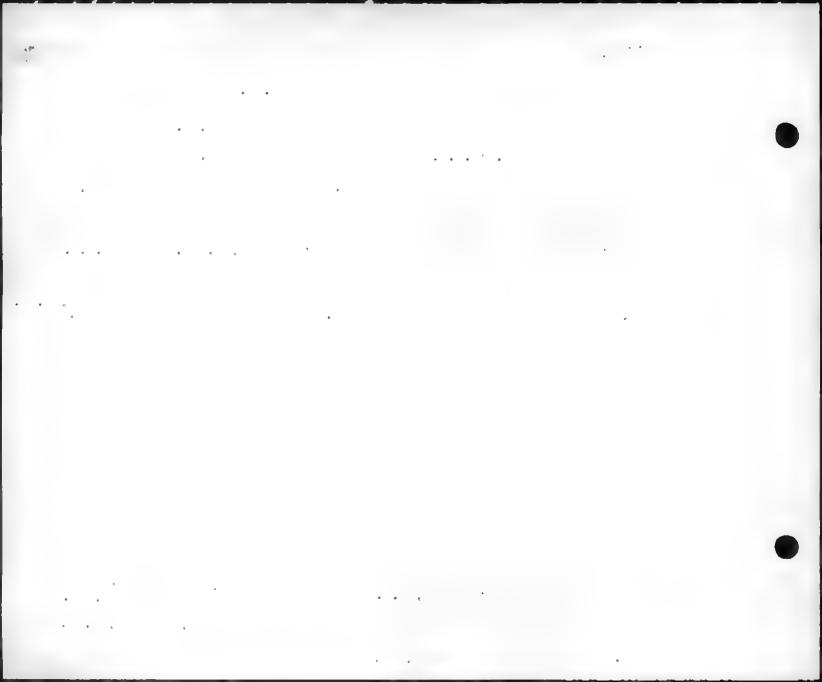


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06048 CERTIFICATE OF DEATH 06059 requires that the death certificate be executed within 24 hours ofter death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH 9 a COUNTY b. COUNTY a. STATE Allegany Maryland Allegany MARYLAND b CITY OR TOWN (If autside carparate limits. c LENGTH OF STAY IN 16 c CITY OR TOWN (If outs de carparate limits, write RURA, and give nearest town) Cumber Land Frostburg 1967 e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) A STREET ADDRESS Allegany County Infirmary 26 Grant Street YES NO X 3. NAME OF Middle DATE Last Уеаг Pon DECEASED OF. 20, 67 Janet Park May Penn DEATH (Type or print) S SEX 6 COLOR OR RACE **NEVER MARRIED** B. DATE OF BIRTH AGE (In years 1F UNDER 1 YEAR 1F JNDER 24 HRS. 7 MARRIED last birthday) Months Days Haurs 9/2/1876 Female White WIDOWED X and in any DIVORCED and 11 BIRTHPLACE (County & State or foreign country) 12 C TIZEN OF WHAT 10b KIND OF BUSINESS OR 10a USUAL OCCUPAT ON (Give kind of work done COUNTRY? during most of working life, even if retired)
HOUSEWIIO INDUSTRY physician on please ease Lonaconing, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar removal, William Taylor Jane Robertson ottending premit. The 17 INFORMANT P. U. BOX 599, Address Umberland, Ma. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dates of service Allegany County Infirmary records. signed by the other buriol-transit permi buriol, cremation, a INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c). ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) attending physicion. 4200 DUE TO Canditions, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause has been defoched for use os the te Dept. af Health prior to ATTENDING PHYSICIAN: The fow last WAS AUTOPSY PERFORMED? PART II OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO O FUNERAL DIRECTOR: After this certificate be retained by the hospital or 200 ACCIDENT WAS UNDERLYING [205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 2Ge PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year Haur a.m. factory, street, affice bldg, etc.) Nat While at work at wark 21. I certify that (I) (this haspital) attended the deceased fram . that (I) (we) fast director, page 3 should should be filed with the and that death accurred at P. M, fram causes and an the date stated above. saw the deceased alive an 22a SIGNATURE **DATE SIGNED** ATTENDING STAFF PHYS. 乙 M.D DIRECTOR PHYS 22c. "PHYSICIAN"S Memorial Hospital, Cumberland Simons, M. D. Μ. NAME (Type) George 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b DATE THEREOF (County) (State) REMOVAL (Specify) Md. Frostburg, F'bg. Memorial Park Burial 5-21-67 ADDRESS 25g REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Frostburg, Md. Joseph R. Durst, Sr.,



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0000					
FOR STATE	06060	ME	DICAL EXAMINE	R'S CERTIFICATE (OF DEATH	98949
HEALTH (DBPAL)	I PLACE OF DEATH			2 USUAL RESIDENCE	(Where deceased lived if institu	tion Residence before admission) /
lay 15 3 to Page ent of	O. COUNTY ALLE	gany	MARYLA	O. STATE W.	Va. b cou	Mineral I
delay and 3 t M3 Pag Triment	b CITY OR TOWN (f outsic write RURAL and give in	le corporate limits,	c LENGTH OF STAY IN I		utside corporate limits, write RU	
PM3 PM3 artme	write RURAL and give n	earest tawn)		Pida	eley, W. Va.	
544 B.E./		NSTITUTION (If not in hospital	, give street oddress)	d. STREET ADDRESS	energa Wavus	e IS RESIDENCE On a farm?
offer death If any delay 8 Give Pages 1, 2, and 3 along with farm PM3 Pawith the State Department within 7 hours after death	Memor	ial Hosp. (D.	0.A.}	21 Min	eral St.	YES NO X
e Page with family he State	3 NAME OF	First	Middle	Lost	4 DATE Mon	th Doy Year
r de per	(Type or pnnt)	Ella	Mae	Parrish	OF May	13. 19 67
after d 8 Give alang w with the	2 SEX 6 CO	OR OR RACE 7 MARRIE	NEVER MARRIED	B DATE OF BIRTH	9 AGF (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
18 d 18 d 2 w 11 w	Female W	hite WIDOWE	D VORCED	4/1/1881	lest birthdoy)	Months Days Hours Min
thin 24 hours and in Item 18 miner's Office of pages land 2 vin any event in any event	100 USUAL OCCUPATION (Give x	ind of work done 10b	KIND OF BUSINESS OR	11 B RTHPLACE (Stot	e or fore gn country)	12 CITIZEN OF WHAT
24 I in Brins Corris Corrig Co	during most of working life, eve	n ir retired)	industry, ome	Limest	one, W. Va.	COUNTRY?
iner iner iner	13. FATHER S NAME			14. MOTHER'S MAIDEN		
2 0 0 0 0		nes Davis			manda Dixon	
	IS WAS DECEASED EVER IN U.S.	ARMED FORCES? 16	SOCIAL SECURITY NO	17 INFORMANT	Addr	ess Ridgeley, W.Va. Lineral St.
shauld be executed in ward "pending" in the Chief Medical Ebund-transit permit I mation, or removal.	(Yes, no, or unknown) (If yes o		None	Mrs. Lloyd E	llifritz 21 M	ineral St.
end end Me T pe	18 CAUSE OF DEATH (E PART I DEATH WAS	nter only one couse per ne f				NTERVAL BETWEEN
d be e rd "per Chief transit	TAKI I DIAIN WAS	MMED ATE CAUSE (o)	CORONARY	OCCLUSION		SUPPENDEATH
ate shauld of to the Ch a bunal-tra cremation,	Carlana Cara Lat	DUE TO				
s sho he w to th burn smat	Conditions, if ony, which rise to immediate coust	(n) (u)	CORONA	RY SCLEROSI:	\$	
0	stoting the underlying of					
vertificate writing th rwarded t ssed as a b burial, crer) (c)	TO DEATH D. T. NOT DE ATE	D TO THE TERM NAL DISEASE CO	INDIT ON C VEW IN DADT 1(-)	19 WAS AUTOPSY
s certificate farwarded farwarded used as a burial, cre	PAKI I O'NEK SIGNIFICA	MI CONDITIONS COMIK BUT NO	O TO DEATH BUT NOT KELATE	D TO THE TERM MAL DISEASE CO	INDITION G VEN IN PAKT 1(0)	PERFORMED?
the second	20o. EXTERNAL CAUSE WA	S 20h	DESCRIBE HOW INTERPT OFFI	RRED (Enter nature of injury in	Port Lor Port II of Hom IR)	YES NO XX
	PRIMARY OF CONTRIBUT	ING 🗆	DESCRIBE HOW HOOK! OCCU	true union of milary in	ron ron ron n or nem 15)	
EXAMINER: ute the cert age 4 shauk yaur files. Page 3 shau ed agent, pr	200. EXTERNAL CAUSE WAS PRIMARY IT OF CONTRIBUT CAUSE OF DEATH. 20c. TIME OF INJURY MO Hour o m.	nth. Doy, Yeor 20d	INJURY OCCURRED 20	e PLACE OF INJURY (Hame, far	m. 20f (City or town)	(County) (State)
AMINE of the of the order of the ge 3 sh agent.	Hour o.m.	Whi		factory, street, affice bldg , etc		
ed ed		1 01 44		e, held on Autopsy [],	Inspection V Inc.	Jiry X, ond in my opinion
MESTAL EX please execution of director. Page retained far you L DIRECTOR: Po	deoth resulted fro		X, Accident ,	Suicide , Homicide		1 MARIET
MES. please directo refame DIREC	0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	A, , , , , , , , , , , , , , , , , , ,		L EXAMINER	TOTAL COLUMN TOTAL
Ple die reto	ACTUAL SIGNATURE	west at	With the de let	. / 1	DICAL EXAMINER	22. DATE SIGNED
UTY, ury, be be or or	EXAMINER'S	11 1 01 11		DEPUTY MEDIC		l3, 1967
ro DEPUTY MESTAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained far your of FUNERAL DIRECTOR: Page Health or its designated age.		nedict Skite			et, city, town, or counticumb	
o the C	230 BURIAL, CREMATION, BREMOVAL (Specify)	23b DATE THEREOF	23c NAME OF CEMETER		23d LOCATION (City or To	
	24 FUNERA, DIRECTOR	5/15/67	ADDRESS	nt Cometery	Keyser, Min	
VR A15ME (5)		Cookes Com	- /			Climber Sudge
6M 1/66	n. wayne	George Cum	vercana, Ma.	DATING 2	Y 18 1967 8	Lank Done



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06061 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission I PLACE OF DEATH o. COUNTY III. STATE ALLEGAN MARYLAND MARYTAND GARRET b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b t. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) 5 days GRANTSVILLE FROSTBURG B IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION, (If not in haspital, give street address) NO D 4. DATE NAME OF Last Month Year DECEASED 0F PETENBRINK 6 10 DEATH (Type or print) YEAR IF UNDER 24 HRS 8 DATE OF BIRTH 9 AGE (In years IF UNDER S. SEX NEVER MARRIED 6. COLOR OR RACE 7. MARRIED last birthday) Months Doys 13 Hours FEMALE WIDOWED DIVORCED 12 CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind at work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? INDUSTRY HOME SCOTTDALE U.S.A. HOUSEWIFE 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME BITTNER MELINDA INCOB 16. SOCIAL SECURITY NO 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? GROVE ST. [Yes, no, or unknown] [[If yes give war ar dates of service No SCOTTONLE INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (o). DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO PERFORMED? NO AF 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 16 of item 18. 20g. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour am factory, street, affice bldg., etc.) 21. 1 certify that (1) (this hospital) attended the deceased fram 1000 13, 1964, to MR 44 1967 that (1) (we) last 19 67, and that death accurred at 4:100M, from causes and an the date stated above. saw the deceased alive an 22b DATE SIGNED 220 SIGNATURE DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) CRONG

-transit signed by 1 Surial-trans hos been TO FUNERAL DIRECTOR: After this certificate ğ by the haspital be retained director, page should be filed TO HOSPITAL Page 4 may b

14 hours after deoth

mithin

musines that the death certificate be executed

carbon papers.

remove

please

physician and

01

VR A15 (4) 20 M 1/66

230 BURIAL CREMATION. REMOVAL (Specify)

roothurg

NAME OF CEMETERY OR CREMATORY

(County) SAMERSET

(Stote)

REGISTRAR'S SIGNATUR

196

25g REC'D BY REGISTRAR



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

STATE /	N		05062	2	MED	DICAL EXAMI	VER'S	CERTIFICATE OI	F DEATH	060	51	
I DEPT. I	月		PLACE OF DEATH						here deceased lived, if institu		ce before admissio))
, to €		(a. COUNTY	All	egany	MAR	YLAND	o STATE Maryl	and b. cou	Al.	legany	
dea		ŀ	CITY OR TOWN (If outside corporate d give nearest town	mits,	c LENGTH OF STAY	IN 1b	€ CTY OR TOWN (four	side corporate limits, write Ru	JRAL and give	neorest town)	
ter				one Rt #		2h Year	rs	Flint	stone Rt #2	,	, ,	
epo of	12	(NAME OF HOSP T	AL OR INSTITUTION	If not in hospital,	give street address)		d STREET ADDRESS			e IS RES E	DENCE
with the State Department of			Pleasan	t Valley	Road			Pleasant	Valley Road		YES IR	NO [
351			NAME OF DECEASED		First	Middle		Lost	4. DATE Mor	nth.	Doy Yes) (
\$ 2 A	X	(Type or print)		ldgar	Cecil	Re	phann	DEATH Ma:		24 19	67
· 毛夢一	1	S. S	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIE		DATE OF BIRTH	9 AGE (In years lost birthday)	F UNDER Months	Doys Hours	Min.
7 ÷		Ma	le	White	WIDOWED	DIVORCE		July 15,190	01 65 yrs	INDIT(1)	Dody Linguis	PAID
pages land2 v		10o	JSUAL OCCUPAT OF	(Give kind of work of life, even if retired)		(IND OF BUSINESS OR NOUSTRY		TI BIRTHPLACE (Stote o	r foreign country)	12 (11	IZEN OF WHAT	
- S		anti	Meat Cu	itter		NDUSTKI		Eckhart Ma	ryland	ď	UNTRY?	
age age		13.	FATHER S NAME					14. MOTHER S MAIDEN N	AME			
File p				Joseph	E. Repha	ann			Martha Wil	lison		
F P		15	WAS DECEASED EVE	FR N J S ARMED FOR	ES? 16	SOCIAL SECURITY NO	17	NFORMANT	Addi		ute #2	
rmi	1	(10)	No	(III yes give wor or de	J.	77-01-0733	Mr	s. Blanche F	lephann	Fl	intstone	Md,
ed L	ı	П	B. CAUSE OF D	EATH (Enter on y on	couse per line fo	ε (o), (b), ond (ε).)					NTERVAL BET	
ar (Н		PARI I DEA	TH WAS CAUSED BY IMMEDIATE C	USE (o)	C	OR ON	ARY OCCLU	SION		SUDDE	AIH
i i	П				DUE TO							
UTIO I	-1		Conditions, if any		(b)		CO	RONARY TH	ROMBOSIS			
0 0	-		stoting the unde		DUE TO			CORONARY	SCLEROSIS			
05 al, a	- [last)	(t)							
bury par	1	NO.	PART II. OTHER SI	IGNIFICANT CONDITIO	NS CONTRIBUTING	TO DEATH BUT NOT RE	LATED TO	THE TERM NAL DISEASE CONT	DITION GIVEN IN PART 1(0)		19 WAS AUTO PERFORM	ED?
be to		3	20- EVTERNAL CA	HICE WAS	001 0	econos - ou - ni - ni - ni	cc paca	/F			YES X	NO 🗌
pi je		CERTIFICATION	200 EXTERNAL CA PRIMARY ☐ or CO	INTRIBUTING	206 0	FZCKIRE HOM MINKL O	CENKKED	(Enter noture of in dry in M	ort or Port II of item 18)			
les. shai		3	CAUSE OF DEATH	unu ti d n v	1001	INJURY OCCURRED	20. DLI	CE OF INJURY (Home, form	20f (City or fown)	15	unty) (Stote)
may be retained for your files. ###################################		MED.(Hour o.i		While	e Not While I		ory, street, office bldg , etc.)	201 (C 19 07 10W11)	(cor	only) (siolej
F.P.C.	- 1	ı	21. I certif	v that I took ch			bove, he	ld on Autopsy 🕱,	Inspection 1 Ing	uiry 🛣	ond in my	op n on
JOT DE						X, Accident						
RIC	-			0	. , .	121 -) CHIEF MEDICAL E				
reto	-1		SIGNATURE	Tened	ut s	Retares	4	M.D. ASSISTANT MEDIC	(AL EXAMINER 🔲	0.5	22. DATE	SIGNED
o P	-1		EXAMINER'S	Rane	liet Sk	itarelic	М	D DEPUTY MEDICAL	EXAMINER A May	27,	1967	
èS É	£		NAME (Type)					Audiess (Slieer,	city, town, or county Cum			
5 may be retro IUNINAL III Health or its		23 0	BURIAL, CREMAT O	1	THEREOF	23c NAME OF CEM	ETERY OR	CREMATORY	23d LOCATION (City or To			,
H			REMOVAL (Specify Buria		/67	Eckhart	Ceme		Eckhart All	egany	Maryland	i
R A15ME (5)	-1	24	FUNERAL DIRECTO			ADDRESS			BY REGISTRAR 256 R	THE STARS SI	GNATUR Judy	IL.
AM 1 /64	- 1		U Too	Cilons I	a Landwer	ad Massell be	2 275	OD DATE WIF	I LU BUI	(F	1// 0	

VR A15ME (5 6M 1/66

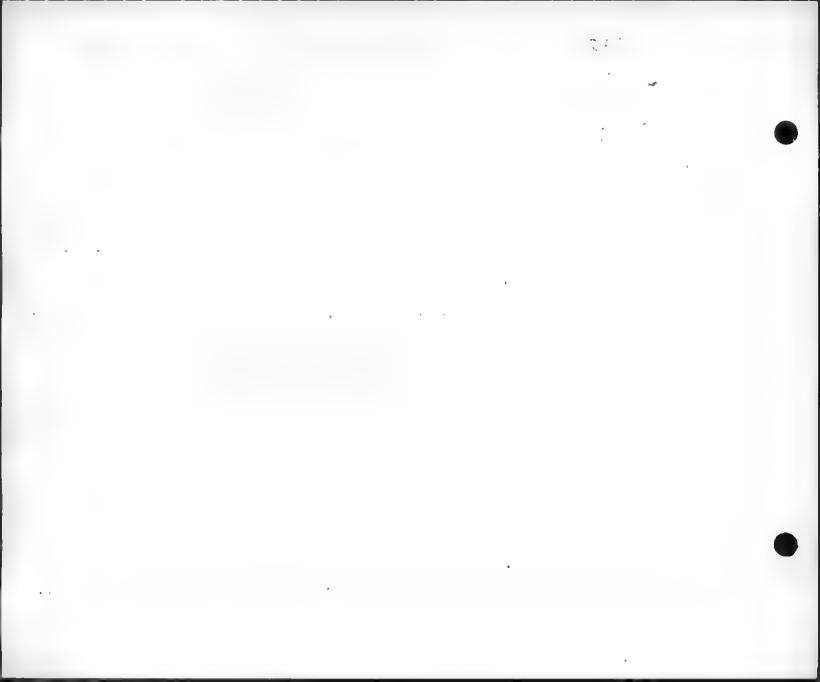
necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18 Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page

This certificate should be executed with n 24 hours after death 18

MEDICAL EXAMINER:

TO DEPUTY

any delay is



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

J6052

	0606
Τ	o COUNTY
	b CTY OR TOW WITTE RURAL Flints: d NAME OF HO
-	244 245 05

y delay is

the State Department of frours after death.

pages land2

a burial-transit permit. File

270 TE M 3

Health ar its designated agent, priar to Illial, cremation, or remayal, and in ally event

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Exammer's Office alays with farm. PM3 Pagel

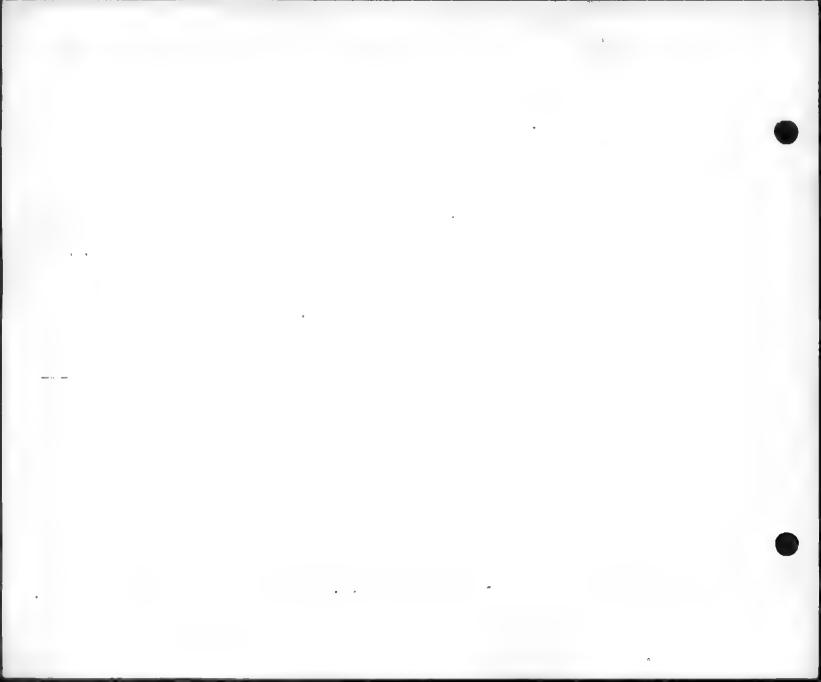
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death If

3 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Ι	PLACE OF DEATH					2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission)						
	o. COUNTY	Allegany		MARY	LAND	o STATE Mar	yland		b COUNTY	Allega	nv	
	b (TY OR TOWN (If outside corporate im to	s, c	LENGTH OF STAY I	N b	c CITY OR TOWN (f		arate limits	write RJRAL or			
		d give neorest town) ne Route #	5	20 Year	S	शिनं।	ntstor	ne Rou	te #2		1.1	
	d NAME OF HOSPIT	AL OR INSTITUTION (If no	ot in hospital, give			d. STREET ADDRESS	AVD VVI	40 400	V 4 11 lm		e IS RES DENCE	_
						}					ON A FARM?	
3	NAME OF	Fil	rst	Middle		Lost	4 DAT	F	Month	Doy		24
	DECEASED (Type or print)						OF			20,	19 67	
_	SEX	6 COLOR OR RACE	eph 7 MARRIED	Ernest NEVER MARRIED		Rephann_	DEA	9 AGE (In	May veors Fil	INDER I YEAR	I IF UNDER 24 H	RS
							. 0	lost bir	hdoy) Moi	nths Doys	Hours Mi	
	Male	White Give kind of work done	W DOWED		<u>'</u>	pril 25.	1875		2 yrs	12 CITIZEN OF	MODAT	_
dur	ina most of working	life_even_if retired) Machinist	INDUS	OF BUSINESS OR		11 BIRTHPLACE (Sto				COUNTRY		
_		Machinist	Conso.	l Coal Co)	Eckhart	Mary	<u>land</u>		U.S.	1.	
13	FATHER'S NAME					14. MOTHER'S MAIDE	N NAME					
		Henry Reph	ann					Mary :	Leiding			
15	WAS DECEASED EVE	RIN U.S. ARMED FORCES?	16 500	AL SECUR TY NO	17 1	NFORMANT	_		Address	Rout	:e #2	
fi.	No	(If yes give war or dotes o	213-	09-6488	Eda	gar C. Repl	hann		Flints	stone,	Maryla	$\mathbf{n}\mathbf{d}$
-	18 CAUSE OF D	EATH (Enter only one cou									ERVAL BETWEEN	
	PART I DEA	TH WAS CAUSED BY IMMED ATE CAUSE	(0)	CORONA	RY	OCCLUSTO	N			18	SET AND DEATH	
	MULCII	DUE										
	Conditions, if only	which as a s	(b)	COB	ONAL	X SCLEE	OCTC			}		
	rise to immediot	e couse (a), { pur			CATASA	.1 .3171191	ביוניות					_
	stoting the unde	rlying couse	(c)									
	-	CHIEFCANT CONDITIONS C		CATA DUT NOT DEL	ATER TO 1	DE TERMINA DIFFACE	COMBITION	IVEN IN DAG	F 14-A	10	WAS AUTOPSY	=
No	PART I UTHER ST	GNIFICANT CONDITIONS C	OWIKIBUTING TO D	EATH BU! NOT KEE	AIED IO I	BE TEKMINA, D SEASE (CONDITION G	IVEN IN PAK	1 1(0)		PERFORMED?	
3										Y	ES NO	X
MEDICAL CERTIFICATION	200 EXTERNAL CA PRIMARY ☐ or CO CAUSE OF DEATH	NTRIBUTING	20b DESCRI	BE HOW INJURY OF	CCURRED	Enter noture of in cry	in Port or I	Part I of iter	n 18)			
F		LRY Month, Day Year	20d INJUR	Y OCCURRED	20e P.AC	E OF INJURY (Home, fo	orm 20f	(City or	town)	(County)	(Stote	
MEDI	Hour or	η,	While	Not While		ry, street, office bldg , e		, ,		, , , , ,	`	
_	p)	***	of work L				, ,	. 5-0	2			
		y that I took charge						ct an 🗶,			in my opin	ION
	death result	fed fram Natura	al causes 🗶,	Acc dent	, Suici	de 🔲, 🛮 Hamicia			ined manne	er 🔛		
	ACTUAL	2 ,	- , 11)	1		AL EXAMINER				22. DATE SIGN	ED
	SIGNATURE	Jamedy	ekVK	Maril	10/	(1) 1/	MED CAL EXAM		M			LU
	EXAMINER'S NAME (Type)	BENEDICT	SKITA	RELIC,	M.I	DEPUTY MED Address (Str	CAL EXAMIN	IER 🔼 m, or county	May Cumbe		967 . Md.	
	BUR AL, CREMAT O		EREOF :	3c NAME OF CEME	TERY OR				ity or Town)	(County		=
	Burial Burial	5/6/67		Eckhart	Cemet	erv	Ec	khart	Alles	anv Ms	ryland	
	FUNERAL DIRECTO			ADDRESS		250 RE	EC'D BY REGI		2Sb REG STR			_
			la andrew C	de Chambers	77	M-2 DATM	8 1A	1967	galie	area &	udge	
	TI + Tien D	ilcox 404 D	ecatur, 2	<u>u_umber</u>	rand.	110 I DAIL		14.4	4			

VR A15ME (5) 6M 1/66

5 may be retained for your files.



hours ,⊆ within comp ve ca executed and cor nding physician a Then please re removal, and in death certificate been signed by the attenthe burial-transit permit. The law requires that the or attending physician. has 38 for use Health use به r this certificate detached for us hospital After Id be d ATTENDING DIRECTOR: 800 TO FUNERAL D director, pag should be file

20M



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

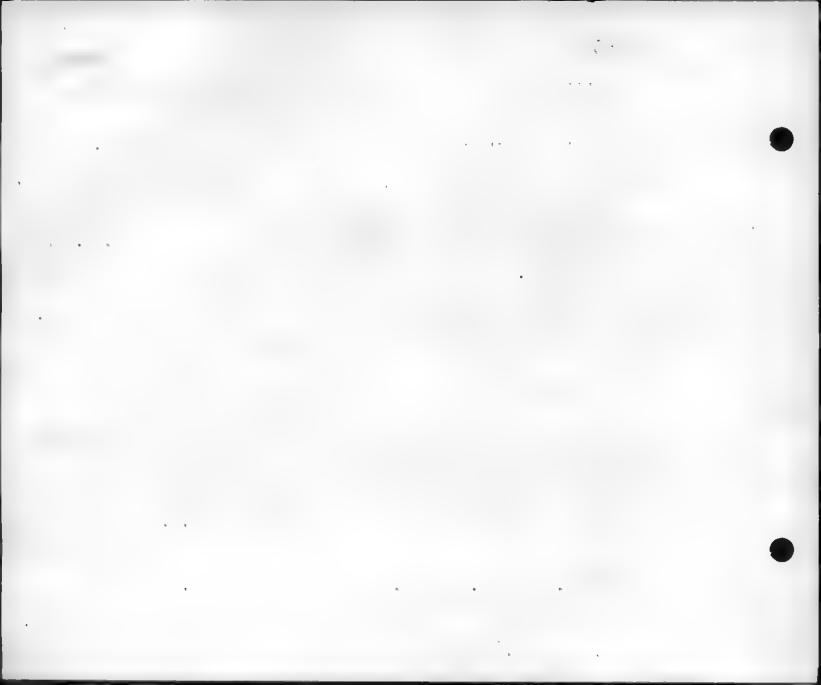
06065

CERTIFICATE OF DEATH

	00000		CERTITICATE	OI DEATH		ACAEK .				
Ī	PLACE OF DEATH				Where deceased lived, if institut a	n Residence before admission)				
	O COUNTY ALLE	EGANY	MARYLAND	o. STATE MAR	YEAND b. COUNT	ALLEGANY				
	b CITY OR TOWN (If or	utside carparate limits,	c LENGTH OF STAY IN 16	11.0 111	utside corparote limits, write RJRA					
	Write RURA, ond go	RLAND	2 DAYS	CUM	BERLAND					
	d NAME OF HOSPITAL OF	OR INSTITUTION (If not in hospital, g	give street address)	d. STREET ADDRESS	ORTH ALLEGAN	Y ST. O IS RES DENCE ON A FAR M? YES NO				
3	NAME OF	First	Middle	Last	4 DATE Month					
	Type or point)	WALTER	L.	SCHACK	OF MAY	28 19 67				
5	SEX 6.	COLOR OR RACE 7 MARRIED	NEVER MARRIED	B DATE OF BIRTH	9 AGE (In years lost birthdoy)	Months Dovs Hours Min				
	MALE	WHITE WIDOWED	DIVORCED	9-9-1900	66 yrs	Manths Doys Hours Min				
d	On USJALOCCUPATION (Gr uring most of working life, etired Head	, even it retired) IN	ND OF BUSINESS OFFICE CO DUSTRY y Springfield	11 BIRTHPLACE (County MISSOU	& State, or fareign country)	UCOUNTSY? A.				
	3. FATHER'S NAME	RLES F. SCHACE		14. MOTHER'S MAIDEN						
	S. WAS DECEASED EVER IN		SOCIAL SECURITY NO. 17. H	INFORMANT Address						
-19	Yes, no, or unknown) (If y	yes give war ar dates of service)	92-03-8330 MI	EMORIAL H	OSPITAL CUM	BERLAND MO.				
F	18. CAUSE OF DEATH	H (Enter only one couse per line for		^	COST LINE COM	INTERVAL BETWEEN				
	PART I, DEATH V	MAS CAUSED BY. IMMEDIATE CAUSE (0) ados	LE CARRINOMA	Calou	with intastas	ONSET AND DEATH				
		DUE TO	1.	Λ		z+.				
	Canditions, if any, wh		liver and to	orminal.	Cacheria	2 years				
	stoting the underlying					7				
	last.	. (1								
0 3	PART II OTHER SIGNII	FICANT CONDITIONS CONTRIBUTING I	TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(o)	19 WAS AUTOPSY PERFORMED?				
CATE	CIRLERE	0 - 1 theratice 4				Cexedar YES NO				
S CONTESTANDA		CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRED (Enter nature of injusy in	Part I or Part II of Item 18)					
UCDICAL	20c TIME OF INJURY Hour o.m.	Month, Doy, Yeor 20d IN While of work	Not While focto	E OF INJURY (Home, form pry, street, office bldg, etc.		(Caunty) (State)				
	21. 1 certify	that (I) (this haspital) attend	ded the deceased from Qu	ugust,	198 5 do P W	, 19 <u>67</u> , that (I) (we) last				
		ased alive on Zuan	28 19 6 7, and that	deoth occurred at	M, fram causes a	nd on the date stated above.				
	220. SIGNATURE	Eslie 217 Fai	Dv M.O	ATTENDING PHYS	MED. STAFF DIRECTOR PHYS	226. DATE SIGNED 24ay 29 67				
/	22c. PHYSICIAN'S NAME (Type)	OR. WYLIE M. F	AW JR.	22d. ADDRESS CUMBERL	AND, M D.	J				
2	30 BUR AL, CREMATION,	23b. DATE THEREOF	23c NAME OF CEMETERY OR C	CREMATORY	23d LOCATION (City or Tow	n) (County) (State)				
	Burial (Specify)	6/ 1/1967.	Rrostburg Memo	orial Park	Frostburg	Alleg Md.				
	24 FUNERAL DIRECTOR	JOHN TOTOK	ADDRESS	2So REC'	D BY REGISTRAR 256. REG	STRARS SIGNATURE INSE				
-	John J. H	afer. Jr. 230 V	Balto Ave. Cumb	perland	IN 5 1967 /	0				

ID NOSHITAL DE ATTENDED HIPSICIAN: The low remuires that the death merificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 should be detached for use as the buriof transit permit. Then please perhove corbon papers. Pages A should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and they event, within 72 hours ofter death Page 4 may be retained by the haspital or attending physician.

> VR A15 (4) 25M 1/67



Di

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit perm.t. File pages 1 and 2 with the State Department of Health or its designated agent, priar to burial, cremation, or remaval, and in any event within 72 hours after death.

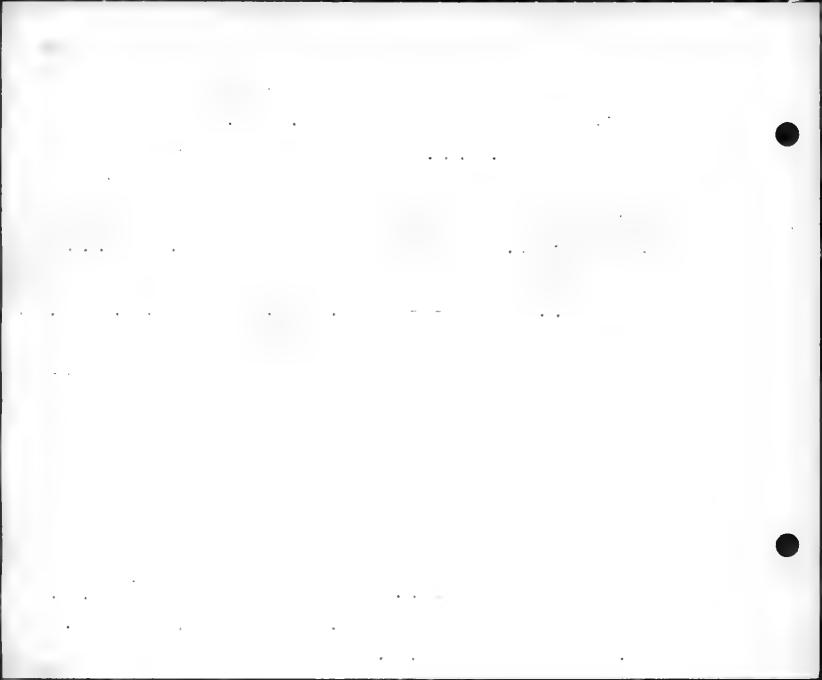
10 DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18 Give Pages 1, 2, and 3 ta the funeral director. Page 4 shau,d be farwarded to the Chief Medical Examiner's Office along with farm

VR A15ME (5)

MADVIAND CTATE DEDADTMENT OF HEALTH

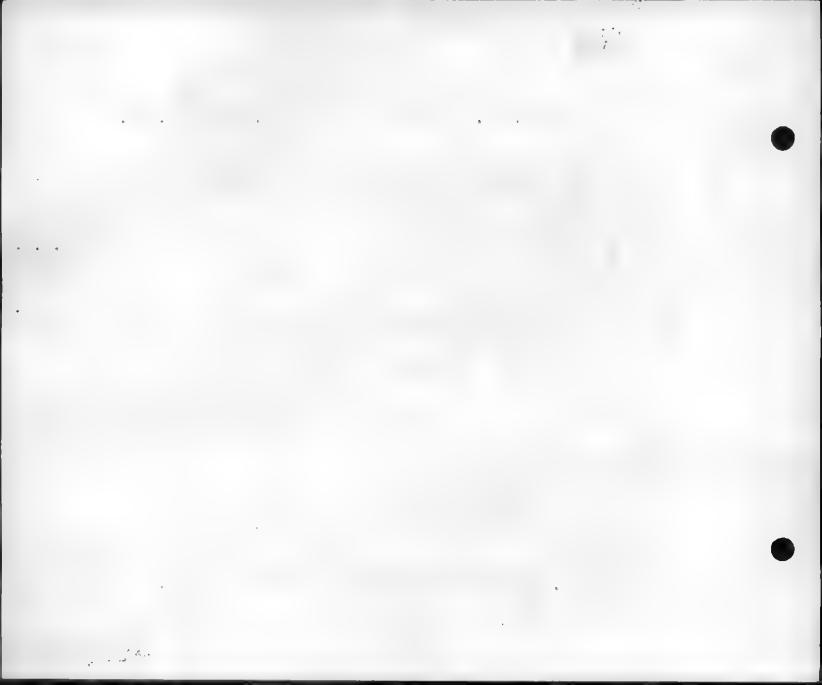
MAKILAND STATE DEPARTMENT OF HEALTH		
ivision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MAI	RYLAND 21201	
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1	-

06066 MEDICAL I				ICAL EXAMINER'S CERTIFICATE OF DEATH			06056				
		PLACE OF DEATH					Where deceased led, if instit		befare admissio	in)	
		a. COUNTY Allegany MARYLAND				STATE Mary	yland b. co	UNTY A	llegany	1	
		b CTY OR TOWN (If outside corporate imits.	c LENG1	c LENGTH OF STAY IN 16		c C TY OR TOWN (If autside corporate i mits, write RURAL and giv			eorest tawn)		
		Cumbercand town)				Rt. # 1	Mt. Savage		,		
- Aller		d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress)			d	d STREET ADDRESS e IS				DENCE ARM?	
		Sacred Heart Hosp	. (D.O.A.)	D.O.A.)		Community of Barrelsville			YES 🗌		
		NAME OF First DECEASED		Midd e		Last	D.C.	inth	Day Yes		
		(Type ar pant)	McKinle	-	hoemo		DEATH MCLY	12			
	5.		MARRED X NE	-	_3	TE OF BIRTH	9 AGE (In years last birthdoy)	Months D	OVS HOURS	Min Min	
	-	1.10000	w DOWED	DIVORCED		2/10/189	30 313				
	duc	JSUAL OCCUPATION (Give kind of work done in a most of working 1 to even if retired letter)	Gas Con		''	8IRTHPLACE (State	12 CITIZEN OF WHAT				
	_	FATHER'S NAME	Gus Con	рину	1/1	Meyers de	u _a .	u.S.A.			
	10.	George Shoe	mabon		19.	Jan					
	15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SEC	URITY NO	17 INFOR			ress			
	(Ye	es, np. or unknown) (If yes give war ar dates of s	arvice) 214-05	- 1			Shoemaker Rt		avaae.	Md.	
	H	18. CAUSE OF DEATH (Enter only one couse							INTERVAL BET		
	PART I DEATH WAS CAUSED BY CORONARY OCCURSION							SUDDEN	EATH		
		IMMEDIATE CAUSE (o) CONCONTRY OCCURRENT OCCURR									
		Conditions, if ony, which gove) (b) CORONARY SCLEROSIS									
		rise to immediate couse (a), Storing the underlying couse OUE TO									
		last.									
	AT ON	PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)									
		200 EXTERNAL CAUSE WAS PRIMARY OF COURRED (Entitle Cause of Death Cause of Death					Part I ar Port 1 of Item 18)				
	MEDICAL	20c T ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm 20f (City or town) (Caunty) (State) Hour a.m. While Not While factory, street, office bldg., etc.)									
		p.m. 17 of work 🗀 at wark 🗀									
	Ш	21 certify that taak charge of the remains described above, held an Autopsy, Inspection \(\mathbb{Z} \), Inquiry \(\mathbb{R} \), ond in my opinion death resulted from: Natural causes \(\mathbb{Z} \), Accident \(\mathbb{L} \), Suicide \(\mathbb{L} \), Homicide \(\mathbb{L} \). Undetermined manner									
	Ш	CHIEF MEDICAL EXAMINER									
		SIGNATURE Signature	t Abita	ralic	/M.	ASSISTANT MED	ICAL EXAMINER		22. DATE	SIGNED	
		EXAMINED'S	0.0			DEPUTY MEDICA		12, 196			
		NAME (Type) BENEDICT SKI					, city, tawn, ar county Cum				
	230	BURIAL, CREMATION, 23b DATE THER		ME OF CEMETERY			23d LOCATION (City or 1			tote)	
	2,4	BULLAL 5/15/6		CLAWN Me	mondi	u Garden	S Lavale Al BY REGISTRAR 25b	Legany,	Ma.		
	£4	H. Wayne George				MAY	1 8 1967 1	REGISTRAR'S SIGN	Joseph .		
1		" wagne veringe	camoe war	" THE A		DATE	0 1001	~ //	1 0		



come of		DIVISION OF STATISTICA	IL REJEARCH AND RECORDS,	301 W. PRESTON SIREE	, DALIIMUKE, MAKT	LAND 21201
FOR STATE	0606	7	MEDICAL EXAMINER			:E057
Poge tra	PLACE OF DEATH o. COUNTY	ALLEGANY	MARYLAND	2 USUAL RESIDENCE (Wh	nere deceosed lived, if institution b COU	tion: Residence before admission) NTY Allegany
2, delay 1s 2, and 3 ta PM3. Page partment of	b CITY OR TOWN write RURAL o	(If outside corporate limits, -	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsi	ide corporote limits, write RU	JRAL and give nearest town)
4 - 1	d NAME OF HOSP	TAL OR INSTITUTION (If not n		d STREET ADDRESS		ø IS RESIDENCE ON A FARM?
Poges with far Share		Memorial H				YES NO NO
we Pour Hasin 72	3 NAME OF DECEASED (Type or print)	Charles	Middle	Sisler	4 DATE Mon OF DEATH May	Doy Year 19 67
18. Give e alang v 2 with th	s sex		MARRIED NEVER MARRIED VIDOWED X	1-27-1880	9 AGE (In years ost birthdoy) 87 yrs	Months Doys Hours Min
hau Item Offic I and ever	10b USUAL OCCUPATION	IN (Give kind of work done	10b KIND OF BUSINESS OR	11 BIRTHPLACE (State or	foreign country)	12 CT ZEN OF WHAT COUNTRY?
nci in 17 niner's C pages 1 in any	13. FATHER'S NAME	oguit for	School	West Vir	ME ME	USA
I w thin n pencil Examine File page and in a	Will				n Reynolds:	
in i	15 WAS DECEASED FI (Yes no, or unknown	/ER IN U.S. ARMED FORCES?) (If yes give wor or dotes of sen	16 SOCIAL SECUR TY NO 159-12-4626	7 INFORMANT	Addr	
executed inding' in Medical permit.				Memorial Ho	spital-Gun	mberland, Md.
be e "per nief I ansit or re	PART I DE	DEATH (Enter only one couse pe ATH WAS CAUSED BY IMMED ATE CAUSE (o) _	er line for (o), (b), ond (c).) Asphyxis	tion		INTERVAL BETWEEN HOURS HOURS
shauld be e ne ward "per a the Chief burial-transit matian, or re	Conditions if on		Aspirati	on of Stomac	ch Contents	this control of the c
certificate shauld writing the ward nwarded to the Cl used as a burial-tra burial, cremation,	rise to immedic stating the und last.		_	injuries		11
certificate, writing the arwarded as a burial, cre	PART II OTHER		BUT NG TO DEATH BUT NOT RELATED		ITION GIVEN IN PART 1(0)	19 WAS AUTOPS Y PEREOR MED?
This cleare, be far	Fra	ctures of b	oth legs; Fra			YES NO
Tight Bar	PRIMARYA OF C	AJSE WAS ONTRIBUTING [2]	206 DESCRIBE HOW INJURY OCCURR	ED (Enter noture of injury in Por Struck by &	,	
AL EXAMINER EXECUTE THE CER EXECUTE THE CER TO POSE 4 SHOUL FOR YOUR FILES OR: Page 3 SHO nated agent, p	2Dx TIME OF IN	JURY Month, Doy, Year	2Dd M.JRY OCCURRED 2De	PLACE OF INJURY (Home, form,	20f (City or fown)	(County) (State)
XA.	7.10			foctory, street, office bldg, etc.)		Allegany, Md.
execute of far. Page of far your gnated			the remains described above cuses \square_{φ} Accident K ,		Inspect on X, Inqu	uiry [X], ond in my opinion
MESTC please e directal directal DIRECT is des ge		ned from: Waterar to	Accident L.	CHIEF MEDICAL EX		nonner [_]
please of director retained traces of the contraction of the contracti	SIGNATURE	Senedict	Skitarel	M.D ASSISTANT MEDICA	AL EXAMINER .	22. DATE SIGNED
DEPUTY MESTA cessary, please e e funeral director may be retained FUNERAL DIRECT	EXAMINER'S NAME (Type)	BENEDICT	SKITARELIC. N	DEPUTY MEDICAL 1 Address (Street, ci		27, 1967
TO DEPUTY necessary, the funeral 5 may be a 10 FUNERAL Health or a	230 BURIAL, CREMAT	ION. 23b DATE THEREOF		OR CREMATORY	23d. LOCATION (City or To	sberland Md
5 = ± 2 5 ±	Burial		1967 Hyndman C	matan	Hyndman.	Bedford CoPa.
VR A15ME (5)	24-FUNERAL DIRECT	OR I Tois	ler Hyndman, P	2. DAYF	NEGSTRAR 1967 RI	EGISTRAPT SIGNATURE Judge
U(4) 1 / UU		WITH SIN . The same of the sam	_ , ,	1 12811		

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06068 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) O. COUNTY ALLEGANY VIRGINIA MARYLAND PHYSICIAN: The law requires that the death certificate be executed within 24 hours after papers. Pages 1 n n 72 hours after c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 WITTE RUPLEMBERLEAND. MD. FT. ASHBY, W. VA. DAY e IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street address) d. STREET ADDRESS ON A FARM? NO X MENICRIAL HOSPITAL 4 DATE NAME OF Middle Year First DECEASED ARLIE STARKEY MAY 67 (Type or point) DEATH IF JNDER I YEAR 9. AGE (In years DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 7-7-19 WHITE FEMALE WIDOWED DIVORCED guq 11 BIRTHPLACE (County & State, or foreign country) 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10o USUA: OCCUPATION (Give kind of work done during most of working ife, even if retired)
Sales Lady INDUSTRY U.S.A. WEST VIRGINIAPerkins Dept. Store 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remayal, UEL RICHARDS BELLE IOWA SEAL 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service CUMBERLAND. MEMORIAL HOSPITAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gove rise to immediate couse (a), **DUE TO** stating the underlying couse 19 WAS AUTOPS PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) for use of Health p 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) 20c. I.ME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. at work 21. I certify that (1) (this bospital) attended the deceased fram and that death accurred a 50A M, from couses and on the date stated above be retained saw the deceased dive on DIRECTOR: 22o. SIGNATURE 22b. DATE/SIGNED DIRECTOR . 22d ADDRESS 22c PHYSTCIAN S O HOSPITAL TO FUNERAL HIMMELWRIGHT CUMBERLAND. MD. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF (County) (Stote) 23c. BURIAL, CREMATION REMOVAL (Specify)
Burial Green Lawn Cemetery Clarksburg, W. Va. June 5,1967 ADDRESS 250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATE JUN 9 VR A15 (4) 25M 1/67 James F. Scarpelli, Cumberland, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY ecessary, for. Page or files. of Helalthip a. STATE k. COUNTY Allegany

b. CITY OR TOWN (if outside corporate limits, MARYLAND Maryland

c. CITY OR TOWN (If outside corporate .im.ts, write RURAL and dive neeres) fown) C. LENGTH OF STAY IN 16 write RURAL and give nearest fown) Cumberland Cumberland d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS A. IS RESIDENCE ON A FARM? retained he State B YES NO W Memorial 5 may be retained 12 with the State nours After death. Hospital func Genart 3. NAME OF Midd.e DATE Year DECEASED OF (Type or print) DEATH Malcol 19 67 IF UNDER 24 HRS AGE (In year IT UNDER I YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months | Days Hours WIDOWED ME DIVORCED Male 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) e Pages | PM3. Pag pages 1 within 7 Boiler Maker Patterson permit, File 15. WAS DECEASED EVER IN U.S. ARMED PORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewerordelesofservice) Office along with burial-trans.t perm Cumberland Edward R. Taylor . Md. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY. CORONARY OCCLUSION SUDDEN IMMEDIATE CAUSE (a) Office : DUE TO SCLEROSTS CORONARY Conditions, if any, which (b) geve sise to immediate cause 40 , writing the word "pending in Chief Medical Examiner's Page 3 should be used as a root to burial, crematism, or re-**DUE TO** (a), stating the underlying cause last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, 8)1 19, WAS AUTOPSY PERFORMED? NO I 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, Italian nature of Injury in Part Lor Part J of Jam 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ; 20f., (City or fown) (County) (State) factory, street, office bldg., atc.) Hour a.m. While Not While at work at work p.m. 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection | X | Inquiry X and in my opinion forwarded to death resulted from. Natural causes Accident Suicide [Homicide Undetermined manner CHIEF MEDICAL EXAMINER lease execute to should be forward by FUNERAL DII ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S BENEDICT SKITARELIC. NAME (Type) M.D. Address (Street, city, lown, or confumberland, Maryland 22a, BURIAL, CREMATION 7 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 % Burial BurisCumberland ¥5. A15ME 5M 9/60 Cumbi et and md.

* ± . • 1/2 Δ

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06070 I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) p. COUNTY b. COUNTY o STATE Allegany Maryland death. MARYLAND delay b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Cumberland C LENGTH OF STAY IN ID c CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town) 35 Years Cumberland d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS farm n Item 18 Give Pages 1, tate D 725 N. Mechanic Street 725 N. Mechanic Street 24 hours after death WITH 3 NAME OF 4 DATE Month 22 DECEASED May LaFavette Teter within (Type or pnnt) Ressie DEATH 9 AGE (n years S SEX 6 COLOR OR RACE 7 MARRIED TY B DATE OF BIRTH NEVER MARRIED lost birthdoy) July 5, 1914 WIDOWED DIVORCED White Male 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. B.RTHPLACE (State or fore an country) 10b KIND OF BUSINESS OR Wymer. West Virginia Retail Grocer Employee Chief Medical Examiner's 14 MOTHER'S MA DEN NAME certificate shauld be executed within Esta Lambert and Barn Teter 16 SOCIAL SECURITY NO 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng, ar unknown) ((If yes give war ar dates of service) remayal 214-07-5598 Mrs. Cynthia Teter 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY CORONARY THROMBOSTS IMMEDIATE CAUSE (o) crematian, DUE TO CORONARY SCLEROSIS Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse burial, PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 0 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of tem 1B.) shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF NURY Month, Doy, Year 20d NJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or fown) factory, street, office bldg , etc.) may be retained for your FUNERAL DIRECTOR: Page ot work 2) I certify that I taak charge of the remains described above, held an Autopsy [X]. Inspection X Inquiry X. the funeral director. Natural causes X , Accident , Suicide , Homicide . Undetermined manner death resulted fram. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAM NER SIGNATURE DEPUTY MEDICAL EXAMINER XX MAY 6. TO FUNERAL Health or **EXAMINER'S** Address (Street, city, town, or councumberland, Maryland SKITARELIC. M.D. NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o BURIAL CREMATION.

Hillcrest Burial Park

250 REC D BY REGISTRAR

MAI 9

1967

Allegany

6

Doys

12 CITIZEN OF WHAT

U.S.A.

12h East Avenue

INTERVAL BETWEEN

ONSET AND DEATH

19 WAS AUTOPSY PERFORMED?

NO

(Stote)

and in my apinian

22. DATE SIGNED

YES X

(County)

Cumberland Allegany Maryland

ucharles

Hagerstown, Md

COUNTRY?

IF UNDER 1 YEAR

Months

e IS RESIDENCE ON A FARM?

YES ... NO bc

19 67

IF UNDER 24 HRS

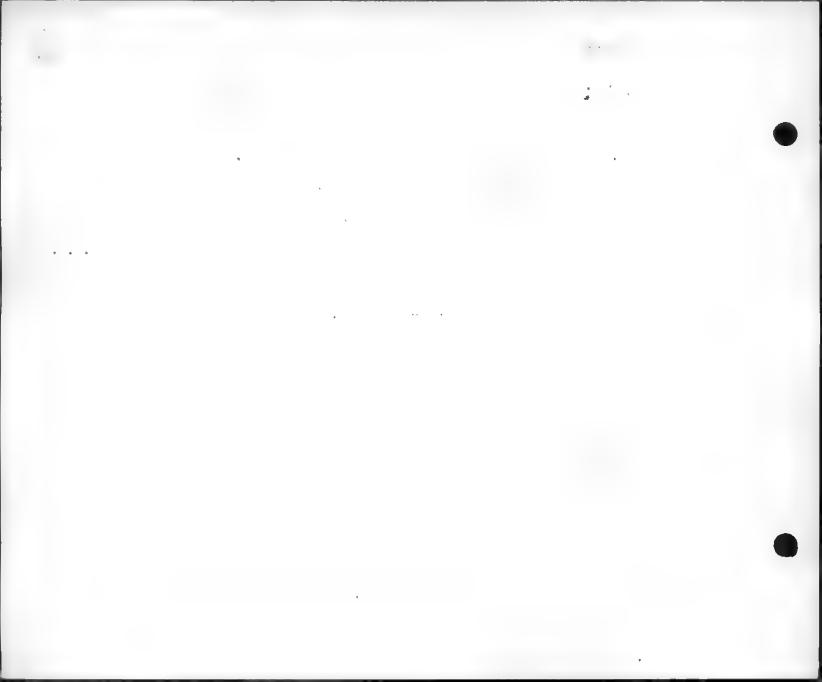
VR A15ME (5%

REMOVAL (Specify)
Burial

24 FUNERAL DIRECTOR

5/9/67

H. Lee Silcox hoh Decatur St Cumberland, Md



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #2 infor, taken from birth cent. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o STATE b. COUNTY ALLEGANY MARYLAND b CITY OR TOWN (f outside corporate limits, write RURAL and give necrest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Frostburg FROSTBURG 1 DAY d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Rt. 2 Box 306 MINERS HOSPITAL NO X NAME OF First Middle last 4 DATE Day DECEASED OF DEATH BABY BOY THUSS 23. IF UNDER 1 YEAR MAY S SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED last birthday) Months Hours MALE MAY 22, 1967 WHITE WIDOWED DIVORCED TOD KIND OF BUSINESS OR 10o USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY **COUNTRY?** FROSTBURG, MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CAROL THUSS 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (Yes, no, grunknown). (If was give wor or dates of service) BOX 306, FROSTBURG, 18 CAUSE OF DEATH (Enter only one cause per me for (a), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 776 X DUE TO Conditions, if any, which gave) rise to immediate cause (a). DUE TO stating the underlying couse WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) NO 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBLE NG ☐ CAUSE OF DEATH 20b DESCRIBE HOW INTURY OCCURRED (Enter notice of injury in Part | or Part 1) of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year Hour a m 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) factory, street, affice bidg , etc.) While Not While at wark at work 2]. I certify that (1) (this hospital) attended the deceased from may 22, 196), to 1967, and that death occurred at 2 1. M, from cooses and on the date stated above. sow the deceased olive on 220 SIGNATURE 226. DATES GNED ATTENDING PHYS DIRECTOR PHYS 22d ADDRESS 22c PHYSICIAN'S JOHN B. DAVISOM, D. 2 BROADWAY, FROSTBURG, MD. NAME (Type) 23h. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL, CREMAT ON, 23d LOCATION (City or Town) (County) (State) BUR LAL BIERTOWN CEMETERY MAY 24 167 RAWLINGS. MD

250 REC'D BY REGISTRAR

256 REGISTRAR'S SIGNATURE

ADDRESS

requires that the death certificate be executed within 24 hours after death. within 72 h filled burial, cremotion, or removal signed by the burial-tronsit os the Dept. of Health ficate OR ATTENDING PHYSICIAN: **DIRECTOR:** After this O HOSPITAL TO FUNERAL

24 FUNERAL DIRECTOR

J. R. DURST, SR., FROSTBURG, MD.

1 DAY

MAX 22, 1967

II . TEUPG, I'LRILA D

CARCL THUSS

U.S.A.

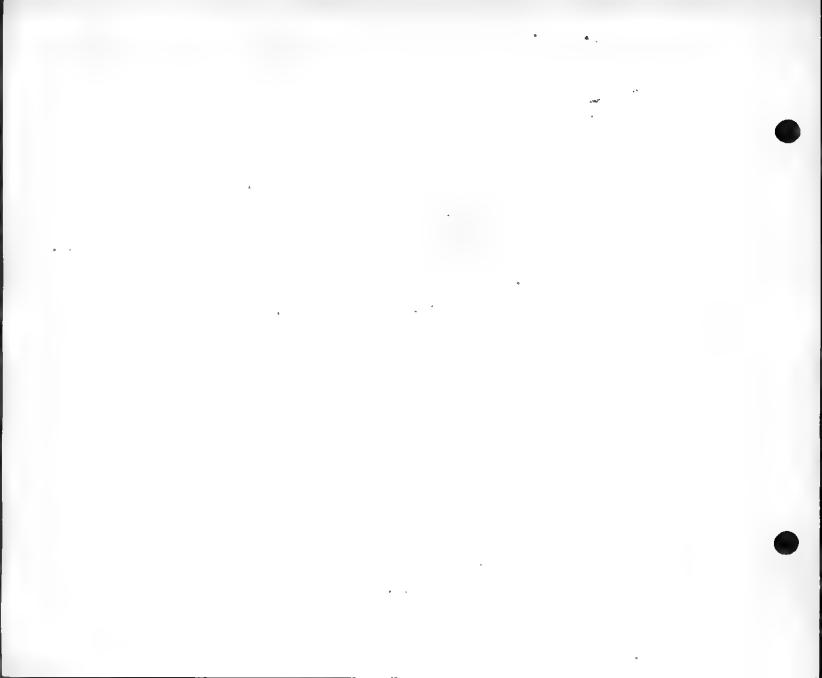
		06072	CERTIFICATE	OF DEATH	13030
		PLACE OF DEATH O. COUNTY		2 USUAL RESIDENCE (Where deceased hived, if in	
	(ALLEGANY	MARYLAND	MARYLAND	ALLEGANY
	ì	o. CITY OR TOWN (If outside corporate limits, write RURAL of COMBERCAND	c. LENGTH OF STAY IN 16 1 DAY 16 HR	c. CITY OR TOWN (If outside corporate broits, with	e RURAL and give nearest town)
	(I. NAME OF HOSPITAL OR INSTITUTION (If not in MEMORIAL HO		STREET ADDRESS 511 CITY VIEW TER	RACE 8 IS RESIDENCE ON A FARM? YES NO
	(VAME OF First DARW I		DEATH	MAY 20 Year 67
	S. 5		MARRIED NEVER MARRIED 8 WIDOWED DIVORCED	9-14-18-11 9 AGE (In year los b5hdc	ors IF UNDER 1 YEAR F UNDER 24 HRS (y) Months Days Hours Min
	dur	USUAL OCCUPATION (Give kind of work doneing most of working life, even if retired) ocomotive Engineer	10b KIND OF BUSINESS OR INDUSTRY RETIRED	1) BIRTHPLACE (County & State, or foreign country)	12 CT ZEN OF WHAT COUNTRY? USA
	13.	FATHER'S NAME GRANT TREX	LER	ALICE WINDELL	-
	15 (Ye: N	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dates of se	16 SOCIAL SECURITY NO. 17 IN 705-10-8470 M	FORMANT HOSPITAL,	Address CUMBERLAND, MD.
		1B CAUSE OF DEATH (Enter only one couse; PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). Conditions, if ony, which gave nse to immediate cause (a).	Chaute Ca	rdene Farbine	INTERVAL BETWEEN ONSET AND DEATH STATES THE
		stating the underlying couse DUE 10 (c)	Ciste no	Sel(20-212	5412
	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONT		HE TERMINAL DISEASE COND TON GIVEN IN PART 1(PERFORMED? YES NO
	L CERTIFI	20o ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b DESCRIBE HOW INJURY OCCURRED. (E	Enter nature of injury in Part I or Part I, of tem 11	3)
	MEDICAL	20c TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	While Not While tactor	E OF INJURY (Hame, form, 20f (City or tow ry, street, office bldg , etc.)	
			al) attended the deceased fram MIAY 20_19 67, and that	death accurred at 5:30,4 Mem cau	
			ALLETS MO		226 DATE SIGNED 5720/69
1			URRETT, MD.	236 VIRGINIA AVE	., CUMBERLAND, MC
	230.	BURIA. CREMATION, PEMOVAL (Specify) BULT 1a.1 BURIA. CREMATION, 23b DATE THERECO	1967 Sunset Memoria	al Park Near Cumb	erland Alleg Md.
	Ja C	TLINERAL DIRECTORY STUDY	ADDRESS Cumb	1 WAL 27 1904	REG STRAR'S SIGNATURE

Md

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 06073 HEALTH DEAT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE Poge delay is Allegany Maryland Allegany MARYLAND Deportment b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town) P.M.3. 7% Years Cumberland Cumberland d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Poges 1, form Memorial Hospital 521 Lowell Avenue NO 🚾 nours ofter death. olong with 3. NAME OF Middle Lost 4. DATE DECEASED within (Type or print) Denzil Valentine, Sr. DEATH Clarence S SEX 9. AGE (In years 6 COLOR OR RACE IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED lost birthdoy) Months Days WIDOWED DIVORCED Sept 20- 1893 event Male White 100 USUA, OCCUPAT ON (Give kind of work done during most of working United) IOD K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY? In ony Cumberland Maryland U.S.A. Examiner's sagod Retired clerk Trial Magistrate Court 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME w thin Mary Jane McVicker puo George P. Valentine IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT 1914 Bedford St be executed rd "pending" in Chief Medical E (Yes, no, or unknown) (If yes give wor or dates of service removol 217-28-9438 Cumberland, Md No Clarence D. Valentine, Jr. IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH Cardiac Failure IMMEDIATE CAUSE (o) Days This certificate should the word cremotion, DUE TO Pulmonary Fibrosis; Emphysema; Marked Conditions, if any, which gove icate, writing the be farworded to rise to immediate couse (a), DUF TO stating the underlying couse used os buriol, c lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES X NO its designated agent, prior to 200 EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) pluous STAL EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF .NJURY (Home, form, (City or town) (County) (Stote) funeral director. Page 4 foctory, street, office bldg, etc.) Not While of wark at work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection T, Inquiry ond in my opinion may be retained for FUNERAL DIRECTOR: Notural couses X. Accident | Suicide [deoth resulted from. Undetermined monner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health or i DEPUTY MEDICAL EXAMINER May 10, 1967 **EXAMINER'S** Benedict Skitarelic, M.D. Address (Street, city, town, or county Cumberland, Maryland NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. 23d LOCATION (City or Town) (County) 0 REMOVAL (Specify)
Burial 5/13/67 Greenmount Cemetery Cumberland Allegany Maryland 2So. REC'D BY REGISTRAR 2Sh REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) Ocharles H. Lee Silcox Cumberland Maryland 21502 6M 1/66



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, 11 institution: Residence before admission) a. CDUNTY b. COUNTY MARYLAND after ALLEGANY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours py. write RURAL and give nearest town) hours CUMBERLAND, MD. 40 HRS. CUMBERLAND = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Filled napers. d. STREET ADDRESS e. IS RESIDENCE mp-wathin 72 SACRED HEART HOSPITAL 418 ERAND AVE. YES NOK rand completely i remove carbon p within 3. NAME OF First Middle Last 4. DATE Month DECEASED ED 1TH Μ. VAN METER (Type or print) DEATH MAY executed 5. SEX 6. COLOR OR RACE AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 7. MARRIEO NEVER MARRIEO last birthday) | Months | Days in any FEMALE WHITE 2/25/21 WIDDWEO OIVORCED | Yrs. physician and please re 10a. USUAL OCCUPATION (Give kind of work done) 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) INOUSTRY COUNTRY? and GARRETT, MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova attending rermit. Ther MORELAND JONAS MARY DAVIS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 1 17. INFORMANT Address been signed by the atter the burial-transit permit. It to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) NO 216-34-5185 HOSP. RECORD SACRED HEART HOSPITAL INTERVAL BETWEEN ONSET AND DEATH 3 DAYS 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] STATUS ASTHMATICUS PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). be retained by the hospital or attending physician. OUE TO BRONCHIAL ASTHMA 15 YEARS law requires Conditions, if any, which gave rise to immediate as the l DUE YD cause (a), stating the r this certificate has be detached for use as the Dept. of Health prior underlying cause last. CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19. 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) EDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. After Not While While 19 at work at work p.m. DIRECTOR: A age 3 should lied with the S 1967 . tp 5 - 11 TO 21. I certify that (I) (this hospital) attended the deceased from . 19.67.. that (I) (we) last 61 and that death occurred at 3 P.M. from the causes and on the date stated above. saw the deceased alive on 22b. OATE SIGNED 22a. SIGNATURE page ATTENOING X 5-11-67 STAFF 0 DIRECTOR PHYS. M.O. HOSPITAL TO FUNERAL PHYSICIAN'S 22c. 22d. ADORESS director, p NAME (Type) RALPH W. BALLIN. M.D. GREENE ST. CUMBERLAND, MD. 21502 62 BURIAL, CREMATION, REMOVAL (Specify) BUT181 DATE THEREDE NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) 23a. 23b. Maysville Maysville W. Va. 14/6 REC'D BY REGISTRAR | 25b. 24. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE Westernport.

MARYLAND STATE DEPARTMENT OF HEALTH

ON A FARM?

Year

1967

Hours I Min.

WAS AUTDPSY PERFORMED? NO IX

(State)

(State)

VR A15 (4) 20M 1/65



VR A15ME (5)

Burial

Keyser, W. Va. 250 RECD BY REGISTRAR

ON A FARM?

19th.

IF UNDER 1 YEAR

12 CITIZEN OF WHAT COUNTRY? USA

YES NO IX

19 67

IF LINDER 24 HRS

INTERVAL BETWEEN

ONSET AND DEATH

Minutes

(County)

19, 1967

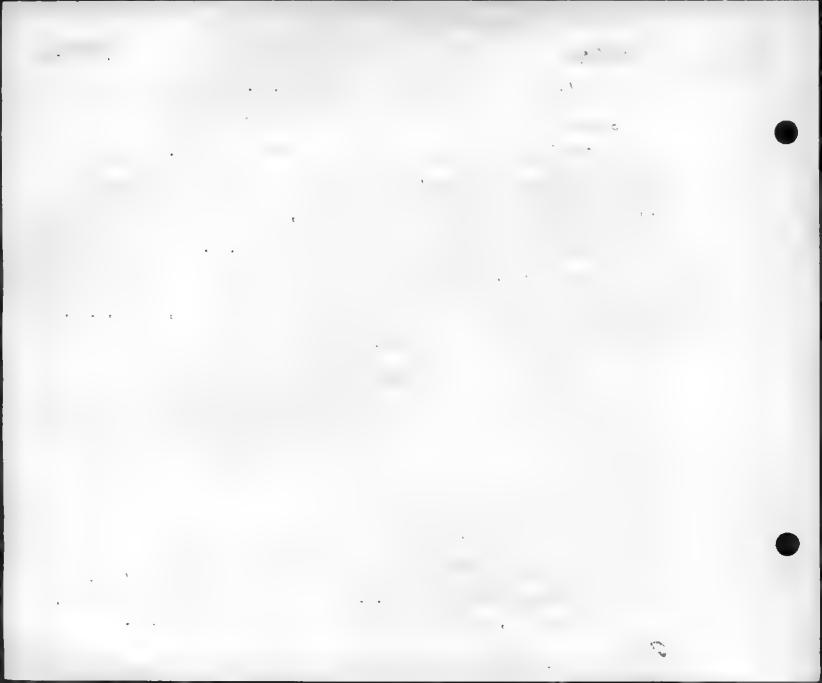
WAS ALTOPS) PERFORMED? YES 🔀

and in my apinion

22. DATE SIGNED

NO

(State)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

3. NAME OF DECEASED TYPE OF THE POST OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I CONTINUOUS APPENDING CONTINUOUS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 13. NAME OF DECEASED TYPE IN U.S. ARRED FIRST MICH WAY 14. DATE OF DEATH MAY 15. WAS DECEASED EYER IN U.S. ARRED FORCES? (Yes, no arrunknown) (Lifyes give war or dates of service) 16. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)	t									
Allegany b (Iff YOR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostbug DOA d NAME OF HOSPITAL OR INSTITUTION (If not in haspiral, give street address) Minors 3. NAME OF HOSPITAL OR INSTITUTION (If not in haspiral, give street address) Minors Route 1:0 3. NAME OF DECEASED (Type or pnnt) S SEX 6 COLOR OR RATE Walls Wildle Wildle Wildle Wildle United Wildle W	t town)									
b CITY OR TOWN (If ourside corporate mints, write RURAL and give nearest town write RURAL and give nearest town service) Frostbug, DOA Grantsville d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Miners 3. NAME OF LOWIS first Miners North Altred Walls SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED OF COUNTY SERVING HOSPITAL COUNTY SERVING HELD COUNTY SERVING HOSPITAL C	t town)									
write RURAL and give nearest town) Frostbug DOA Grantsville d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Miners 3. NAME OF THEW S First Middle Lost 4 DATE OF DEATH May DE	e S RES DENCE									
Miners A STREET ADDRESS Route to	3 RES DENCE									
Miners 3. NAME OF DECEASED (Type or pint) S SEX OF COLOR OR RACE TO MARRIED NEVER MARRIED DIVORCED OF DEATH May DEATH MAY DOWN DEATH MAY DECEASED EVER IN U.S. ARMED FORCES? 13. KAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 14. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY ONE TO MAKE DOWN DEATH MAY DOWN DEATH MAY DECEASE CONDITION OF VEN IN PART I. (c) 15. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY ONE TO MAKE DOWN DEATH MINI MOD RELATED TO THE TERMINAL DISEASE CONDITION OF VEN IN PART I. (c) 16. DEATH MAY DOWN DEATH MAY DECEASE CONDITION OF VEN IN PART I. (c) 17. THE MAY DEATH MAY DECEASE ON THE MAY DOWN DEATH MINI MOD RELATED TO THE TERMINAL DISEASE CONDITION OF VEN IN PART I. (c) 18. THE MAY DEATH MAY DECEASE ON THE MAY DOWN DEATH MINI MOD RELATED TO THE TERMINAL DISEASE CONDITION OF VEN IN PART I. (c) 19. THE MAY DEATH MAY DEATH MAY DECEASE CONDITION OF VEN IN PART I. (c) 19. THE MAY DEATH MAY DECEASE ON THE MAY DECEASE CONDITION OF VEN IN PART I. (c) 19. THE MAY DEATH MAY DECEASE ON THE MAY DECEASE CONDITION OF VEN IN PART I. (c) 19. THE MAY DECEASE DECEASED DEATH MINI MOD RELATED TO THE TERMINAL DISEASE CONDITION OF VEN IN PART I. (c) 19. THE MAY DEATH MAY DECEASE DECEASED DECEASED TO THE TERMINAL DISEASE CONDITION OF VEN IN PART I. (c) 19. THE MAY DEATH MAY DECEASE DECEASED TO THE TERMINAL DISEASE CONDITION OF VEN	ON A FARMS									
3. NAME OF DECEASED (Type or pinet) S SEX O COLOR OR RACE 7 MARRIED NEVER NO NOT SUBJECT OF THE STATE OF THE ST	OH A LARGIT.									
SEX O COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years lost birthday) Months Doys	YES 🚺 NO 🗌									
S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years lost birthday) North Hospital N	Year									
S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED N	19 67									
Maje Who te Widowell Divorced 1 - 0 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IF UNDER 24 HRS									
100 USUA. OCCUPATION (Give kind of work done during most of working life, even if ret red) 105 K ND OF BUSINESS OR INDUSTRY 106 K ND OF BUSINESS OR INDUSTRY 107 INDUSTRY 108 MACHER'S NAME 109 MACHER'S NAME 110 MOTHER'S MAIDEN NAME Sally Butler 110 MOTHER'S MAIDEN NAME Sally Butler 1110 MOTHER'S MAIDEN NAME Sally Butler Address (Yes, no or unknown) (If yes give war or dates of service) Table 1 mother sally in the part of	Hours Min									
INDUSTRY	WHAT									
Sally Butler Sally Butler Sally Butler Sally Butler										
Sally Butler Is Was Detrased ever In U.S. Armed Forces? (Yes, no or unknown) (Inf yes give war or dates of service) 16 SOCIAL SECUR TY NO 17 INFORMANT Address (Yes, no or unknown) (Inf yes give war or dates of service) 12 1 12	225									
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART I.O. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) Cardiac Arrest Su PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART I(a).										
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)										
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY Gradiac Arrest DUE TO Conditions, if any, which gave nose to immediate couse (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS (ONTR.BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a).										
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY Gradiac Arrest Conditions, if any, which gave nose to immediate couse (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS (ONTR.BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a).	9 (17)									
PART II. DEATH WAS CAUSE BY IMMEDIATE CAUSE (a) Cardiac Arrest OUE TO Conditions, if any, which gave inse to immediate cause (a), stating the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a).	RVAL BETWEEN									
Conditions, if any, which gave inse to immediate cause (a), stating the underlying cause lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ICO. 19	dden									
Conditions, if any, which gave nse to immediate cause (a), stating the underlying cause but to (c) PART II. OTHER SIGNIFICANT COMPITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a).	aden									
nse to immediate couse (a), DUE TO	Conditions of any which gave 3									
lost (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19	agen									
PART HE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART LOS										
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) YE 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II of term 18.)										
YE 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW IN URY OCCURRED (Enter nature of injury in Port I at Port I of term 18.)	WAS AUTOPSY PERFORMED?									
200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Port I of term 18.)	ON KX									
CAUSE OF DEATH Lineman working on 12000 volt Line										
20c TIME OF INJURY Month, Day, Year Hoursen Working On 12000 Voit Line 20c TIME OF INJURY Month, Day, Year Hoursen Ho	(State)									
2:45 pmMay 1 1967 White Mary datwork Carlos, Garrett, Mary	. ,									
2:15 pines 2 of orwork by carros, carrect, mary.	Land									
	21. I certify that I taak charge of the remains described above, held an Autopsy 🗱 Inspection 🖼 Inquiry 🛣 and in my opinion									
death resulted from: Natural causes 🔀, Accident 🕱, Suicide 🗍, Hamicide 🗍. Undetermined manner										
CHIEF MEDICAL EXAMINER										
SIGNATURE Develuet Sketarolic MD ASS STANT MEDICAL EXAMINER []	2. DATE SIGNED									
EXAMINER'S DEPUTY MEDICAL EXAMINER XX May 1, 1967										
NAME (Type) BENEDICT SKITARELIC, M.D. Address (Street, cty, town, or count Cumberland, M.	d.									
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)										
REMOVAL (Specify)	(State)									
Burial 2/4/6/ Oak Grove Menn. Cem. J. M. S. VI	1 . 1 . 1 .									
Furth Rouss of 171 1 DATEMAY 5 1967 Kelostraks stotator										

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18 Give Pinges 1, 2, mind 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page

TO FUNERAL DIRECTOR: Page 3 shauld bill used its a burial-tillinsit permit. File pages 1 and 2 with Health or its designated agent, priar to burial, cremation, or removal, and in may event wi

5 may be retained for yaur files

VR A15ME (5)

This certificate should be executed within 24 haurs after death. If

TO DEPUTY MEDICAL EXAMINER:

delay is

the State Department of nn 72 hours ofter death

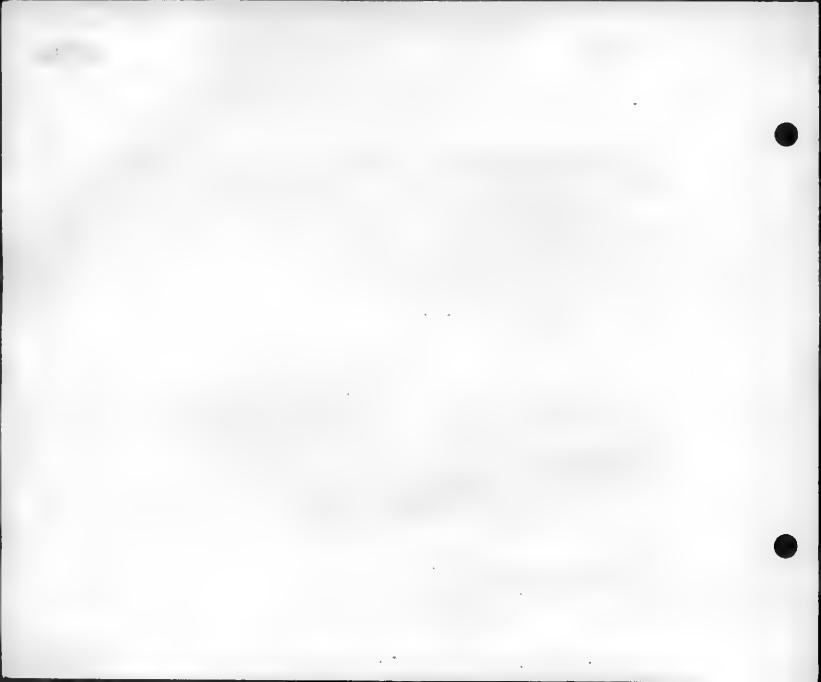


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		06077	7	ME	DICAL EXAMINE	R'S	CERTIFICATE O	F DEATH		,	600	66
,		PLACE OF GEATH			-		2. USUAL RESIDENCE (\	Where deceased			e before	admissizn)
		o. COUNTY	177	a STATE	har I	b coul		0.44				
1		h (IV OP TOWN (Allegar f outside corporate mi	ly	MARYLA		t. C TY OR TOWN (If au	yland		llegar		Augh
			give nearest town)	13,	C CONSTRUCT STATE IN	10	CCITOK IOWN (IF a)	uzide (dibolgie	innis, write cur	CAL CITU GIVE	1 11601621 1	
		Cumber						perland			11	
		d NAME OF HOSPIT	AL OR INSTITUTION (IF IT	ot in haspita	l, give street address)		d STREET ADDRESS				6	IS RESIDENCE ON A FARM?
		Sacre	ed Heart Ho	spita	1		Route	4. 010	itown R	oad	YE:	
		NAME OF	F	ars†	Middle		Last	4 DATE	Mont	h	Oay	Year
		DECEASED (Type or print)	Rho	nda	Rosetta		Ward	OF OEATH	May		1	19 67
1	_	SEX	6. COLOR OR RACE	/ MARRE			8 DATE OF BIRTH		GE (In years	I IF UNDER 1	YEAR	UNDER 24 HRS
		Tame 1 .	T Do 3 to a	WIDOWE	لم	HL.	- 5 3020		ast birthday)	Months	Days	Hours Min
/	100	L'emale	White (Give kind at wark dane		KIND OF BUSINESS OR	_ pe	ec. 5. 1930		36 yrs.	12 (1	ZEN OF W	JHAT
	duri	ing mast of working	life, even if retired)	100	INDUSTRY			4	'11		UNTRY?	
			sewife				Maryla	und			US_	A
	13	FATHER'S NAME					14, MOTHER'S MAIDEN I	VAME				
			Jacob Rit	chie			Ada	Dove				
			R IN U.S ARMED FORCES?		6. SOCIAL SECURITY NO	17 1	NFORMANT		Addre	355		
	£16	No No	(If yes give war ar dates	or service)	20-30-7960	Dat	niel Ward, I	Rox 283	Route	4. C1	mber	land. N
			ATH (Enter on y one ca			1.00				77.		VAL BETWEEN
			TH WAS CAUSED BY		CEREBRA	A.I	HEMORRHAGE				2014	OUT SEATH
	MARKED ATT CACKE (0)											
		(and the day which are)									2 Ц	ours
		rise to immediat	f fnl ezuna e	(b)					2111 01		2 11:	out 2
		storing the underlying couse OUE TO anterior cerebral artery										
	lost (c)									<u> </u>		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 9. WAS AUTOPS PERFORMED.											
/	ATIC	YES XX NO										
	20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) PRIMARY Or CONTRIBUTING OF DEATH											
		CAUSE OF DEATH										
	MEDICAL	20c TIME OF INJU Haur a.n	JRY Month, Oay, Year				CE OF INJURY (Hame, form ory, street, affice bldg., etc.)		ity or town)	((0.	inty)	(State)
	ME	P II	n. 19		rork at work	IGU	ory, street, utilice blug., etc.)					
		2). I certify that I taak charge of the remains described obove, held an Autopsy 🙀, Inspection 💥, Inquiry 💢 ond in my opinion										
		deoth result			Accident .				etermined m		1	ing opinion
		460111163011		01 (00303)	Accident	JUIC	CHIEF MEDICAL]	CHITTE!	J	
		ACTUAL	di	4	16-	/)		ICAL EXAMINER			22.	DATE SIGNED
		SIGNATURE	xuneau	ch X	Kuaroli	c/	IRL D	L EXAMINERX	0.0	1, 19	67	
		EXAMINER'S NAME (Type)	BENEDICT	SKITA	ARELIC, M.D.			, city, tawn, ar				d. Md.
	230	BURIAL, CREMATIC					CREMATORY					(State)
		BILL AND AND CHANGE										, ,
		FUNERAL OFRECTO		1707	SUNSET ME	IIIOT'	ial Gardens	Near BY REG STRAR	Cumber	GISTRAR'S SI		FR MO
	24	_	ann din	tota	1 11 1			_	1 000	Linela		442
12		John J	Hafer J	r. 290	Balto Ave.	Cum	berland MAY	5 19	67 90	P-CM	1	0

VR A15ME (5)

TO DEPUTY MEDICAL EXAMINER:



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

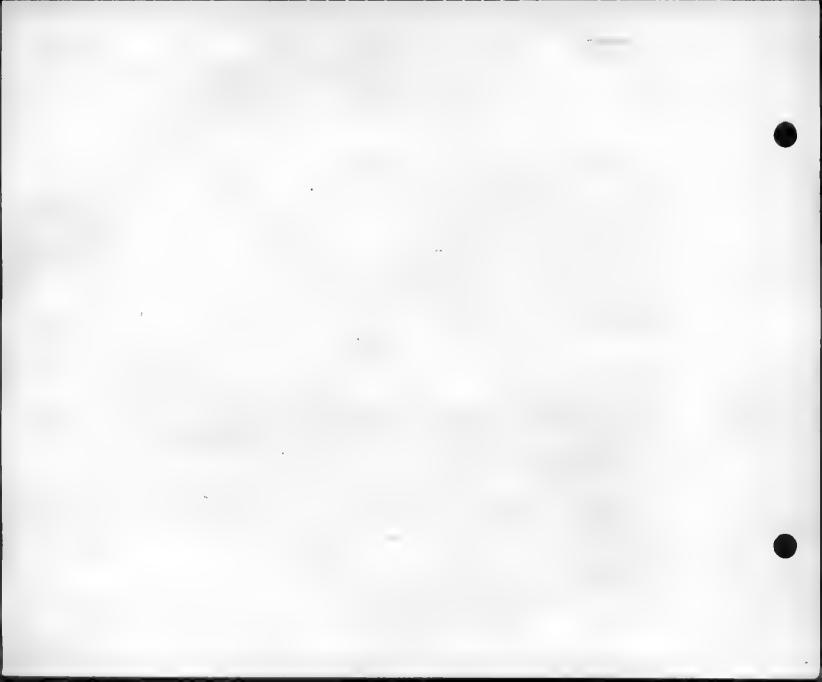
36078 CERTIFICATE OF DEATH

¢	ì	0	1	0	17
Ĭ.	3	O	25	D	1

-	PLACE OF DEATH					2 TISTIAL DESIDENCE (A	Where despreed tweet if inte	utution Pasidance	hatara admircian)
Ι.	n COUNTY					2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. STATE b. COUNTY			
	ALLEGANY			MARYLA			LAND		EGANY
	b CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town)			c LENGTH OF STAY IN	1b	C CITY OR TOWN (If ou	tside corporate limits, write	RURAL and give r	nearest town)
	CUMBER			50 YEARS		CUMBE	TRLAND	01.1	
	d. NAME OF HOSPI	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street				d. STREET ADDRESS			e 5 RESIDENCE ON A FARM?
	31 RI	DGEWAY TERRA	CE			31 RII	GEWAY TERRA	E	YES NO XX
3	NAME OF	Eirs		Middle		Last		lonth	Doy Year
	(Type or print)	GEOR GE	C	W.		WEBER	OF DEATH MAY		27 19 67
\$.	SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9. AGE (In years		FAR IF UNDER 24 HRS
	MATE	WHITE	WIDOWED	DIVORCED		JULY 9, 1882	lost birthday		Days Hours Min
100	USLAL OCCUPATION	(Give kind of work done		NO OF BUSINESS OR			& State, or foreign country)		EN OF WHAT
du	ring mast af warking CARPENTE	life, even if retired)		DUSTRY DF-EMP.		COUNTRY?			
13	13 FATHER'S NAME				PATTERSONS CREEK, W. VA. USA			USA	
		OHN WEBER					GLEICHMAN		
15			16.5	SOCIAL SECURITY NO.	17 1	NFORMANT		ddress	
(ý		R IN U.S. ARMED FORCES? (If yes give war or dotes of	service)						
	NO			1 07 1206	<u> </u>	WELLE E. WORK	CUMI-	BERLAND,	MD.
	PART L DEA	EATH (Enter only one cause TH WAS CAUSED BY.	per line tar	(a), (b) ago (c))	1	2010.511	Casti MA	2 der	INTERVAL BETWEEN ONSET AND DEATH
	6/20 00	, IMMEDIATE CAUSE (c		01/100	= (aceur	course pro	so one	e reser
	, , , ,	DUE I	0	(Onl	24	Nolond	and Must	cale. X	Mear
	Canditians, if any rise to immedia	to course (a))	Conce	m	// cero	eros gene	myer	
	stating the unde	rlying cause DUE I		1					
	lost.) (7				
/ No	PART II. OTHER S	IGNIFICANT CONDITIONS CO	NTRIBUTING	DEATH BUT NOT RELAT	56 TO 1	THE TERMINAL DISEASE CON	DITION CAVEN IN PART 1(a)		19. WAS ALTOPSY PERFORMED?
S.			10	acco /ju	10	eny, IV	" unerray		YES NO 🗗
20a ACC DENT WAS UNDERLYING 20b DESCRIBE HOW YOURY OCCURRED. (Enter nature of Figury in Port 1 or Port II of Item 18.)								1	
		MEDICAL EXAMINER)							
MEDICAL	20c. TIME OF INJ Hour o.	URY Manth, Day, Year				CE OF INJURY (Home, farm) (Count	ty) (State)
ME	nour d.	10	While at work	Not While	1001	ary, street, office bldg., etc.)	V m.	2.77	
	21 certify that (I) (this hasped) attended the deceased from								
		eceased alive an	/an			t death accurred at	177 / M, fram cous	es and an the	date stated above.
1	220 SIGNATURE		_//			ATTEMPINA	MED - STAFF	22b. DATI	
		of Overs		Lr.	MJ	D. PHYS.	MED STAFF DIRECTOR PHYS.	MAY	29, 1967
	22c. PHYSICIAN	1				22d. ADDRESS			
	NAME (Type	DAVID T.	REES.	M.D		712 MONT	GOMERY AVE.	CUMBERLA	AND, MD,
23	a BURIAL CREMATI		EOF	23c. NAME OF CEMETE	RY OR	CREMATORY	23d LOCATION (City or	Town) (C	ounty) (Stote)
	REMOVAL (Specific		1967	ST. LUK	ES (CEMETERY	CUMBERLAN	D. MD.	
2	4. FUNERAL DIRECTO)R	- 1	ADDRESS		m. mm.	BY REGISTRAR 25b.	REGISTRAR'S SIGI	
	BYRO	N KIGHT		CUMBERLA	ND,	MD. DANJUN	1 1967	Marle	yudges

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this cerificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye arban papers. Pages 1 and should be filled with the State Dept. of Health priar to burial, cremation, ar removal, and to any eyent, within 72 hours after death

VR A15 (4) 20 M 1/66



= 1

2, and 3 to PM3. Page

in pencil in Item 18. Give Pages 1, 2, and 3 to

This certificate should be executed within 24 hours after death. If

the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form

necessary, please execute the certificate, writing the ward "pending"

THAT EXAMINER:

TO BEHUTY

5 may be retained far yaur files.

10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Health ar its designated agent, priar to burial, cremation, ar removal, and

pages 1 and 2 with the State Department of in any exent within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE	0607
EALTH DEPT.	PLACE OF DEATH

6073 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

3.4570	0	C	83	6	1	
1111111		3	1.3	31	1º	_

- 4							
1	PLACE OF DEATH G COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission)				
١	Allegany	MARYLAND	o. STATE Maryland b COUNTY Allegany				
1	b CITY OR TOWN (If outside corporate l.mits,	G LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, write RURAL and give			
	write RURAL and give negrest town) Cumberland	24 years	Cun	mberland (7/-/		
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	4	d STREET ADDRESS	•	e IS RESIDENCE		
2	Memorial Hospital		129	West Second St.	ON A FARM? YES NO X		
	3. NAME OF First	Middle	Lost	4. DATE - Month	Day Year		
1	OECEASED (Type or print) George	Edward	White	OF DEATH May	12 19 67		
1	S SEX 6. COLOR OR RACE 7. MARRIED		8 DATE OF BIRTH	9. AGE (In years F UNDER)			
1	Male White WIDOWED	DIVORCED	July 14, 1	1942 24 birthday) Manths Manths	Days Hours Min		
	IDa USUAL OCCUPATION (Give kind of work done IDb. K)	IND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country) 12 CIT	IZEN OF WHAT		
1	during most of working life, even if retired) Attendant	ire Co. (Vol.	Los Ana	Reles, Calif. Col	UNTRY? USA		
ı	13. FATHER S NAME	NAME	- 1023				
ľ	Marshall W	hite	Glad	lys Newman			
Ī		SOCIAL SECURITY NO 17	NFORMANT	Address			
	(Yes, no, ar unknawn) (If yes give war or dates of service) yes—Marines 61-65	M	rs. Gladys	White, Cumberland	l,Md.		
1	18. CAUSE OF DEATH (Enter on y one cause per line for	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			INTERVAL BETWEEN		
٦	PART I DEATH WAS CAUSED BY , IMMEDIATE CAUSE (a)	EPIDUR	AL HEMATO	OMA	ONSET AND DEATH		
	DUE TO						
	Conditions, if ony, which gave) (b)	CIVIT	T TO A COUNTRY	21	11		
		SVOL	L FRACTURE				
	rise to immediate cause (a),		T-Tarayo.Haka				
	rise to immediate couse (a)	SRUL	L FRACTURE				
	rise to immediate cause (a), stating the underlying cause lost. DUE TO				19 WAS AUTOPSY		
	rise to immediate cause (a), stating the underlying cause lost. DUE TO						
	rise to immediate cause (a), stating the underlying cause lost. DUE TO		THE TERMINAL DISEASE CON	ID T ON GIVEN IN PART I(a)	19 WAS AUTOPSY PERFORMED?		
	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 2Da. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING CAUSE OF DEATH.	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	ID T ON GIVEN IN PART I(a) Port I or Part II of item 18.)	19 WAS AUTOPSY PERFORMED? YES NO		
	PART I OTHER SIGNIFICANT CONDITIONS CONTR BLTING 2Da. EXTERNAL CAUSE WAS PRIMARY OF OCCUPANT ON THE CONTRIBUTING CAUSE OF DEATH. 2Dc. TIME OF INJURY Manth, Day, Year 20d III	TO DEATH BUT NOT RELATED TO ESCRIBE HOW INJURY OCCURRED MAINLY OCCUPRED 100 PM	(Enter nature of injury in F	Port I or Part II of item 18)	19 WAS AUTOPSY PERFORMED? YES NO		
	PART I OTHER SIGNIFICANT CONDITIONS CONTR BLTING 2Da. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING CAUSE OF DEATH. 2Dc. TIME OF INJURY Manth, Day, Year 2Dd. While	TO DEATH BUT NOT RELATED TO ESCRIBE HOW INJURY OCCURRED MAINLY OCCUPRED 100 PM	(Enter nature of injury in F	Port I or Part II of item 18)	19 WAS AUTOPSY PERFORMED? YES NO (State)		
	PART I OTHER SIGNIFICANT CONDITIONS CONTR BLTING TO LAUSE OF DEATH. 2Da EXTERNAL CAUSE WAS PRIMARY AT CONTRIBUTING TO CAUSE OF DEATH. 2Dc TIME OF INJURY Manth, Day, Year 20d III While of world a world w	ESCRIBE HOW INJURY OCCURRED MURY OCCURRED 200. Place Mot While Consults of work of work and with the control of the control of work and control of the con	(Enter nature of injury in fi	Port I or Part II of item 18) Coclision with C 20 (City or town) (Counterland, All	IP WAS AUTOPSY PERFORMED? YES NO () Inty) (State)		
	PART I OTHER SIGNIFICANT CONDITIONS CONTR BLTING 2Da. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING CAUSE OF DEATH. 2Dc. TIME OF INJURY Manth, Day, Year 2Dd. While	ESCRIBE HOW INJURY OCCURRED NURY OCCURRED NOT While of work	(Enter nature of injury in fi	Port I or Part II of item 18)	19 WAS AUTOPSY PERFORMED? YES NO (State) Ond in my opinion		
	PART I OTHER SIGNIFICANT CONDITIONS CONTR BLTING 2Da. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING CAUSE OF DEATH. 2Dt. TIME OF INJURY Manth, Day, Year 9:30 pm. Flay 10 167 21. I certify that I taok charge of the red death resulted fram: Natural causes	ESCRIBE HOW INJURY OCCURRED NURY OCCURRED NOT While of work	(Enter nature of injury in lighter nature of injury injury, street, office bidg, etc.)	Port I or Part II of item 18) Columber Land, All Inspection X, Inquiry X, Undetermined manner	IP WAS AUTOPSY PERFORMED? YES NO onty) (State) egany Md ond in my opinion		
	PART I OTHER SIGNIFICANT CONDITIONS CONTR BLTING 2Da. EXTERNAL CAUSE WAS PRIMARY M or CONTRIBUTING D 2Da. Time of Injury Manth, Day, Year 9:30 pm. May 10 167 21. I certify that I taok charge of the rer death resulted fram: Natural causes ACTUAL	ESCRIBE HOW INJURY OCCURRED NURY OCCURRED NOT While of work	(Enter nature of injury in factors of industrial forms of industri	Port I or Part II of item 18) Columberland, All Inspection X, Inquiry X, Undetermined manner EXAMINER ICAL EXAMINER	19 WAS AUTOPSY PERFORMED? YES NO (State) Gany Md ond in my opinion 22. DATE SIGNED		
	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 2Da. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING 2Dt. TIME OF INJURY Manth, Day, Year 9:30 pm. May 10 167 21. I certify that I taok charge of the red death resulted fram: Natural causes ACTUAL SIGNATURE SIGNATURE STANDING OF THE SIGNIFICANT CONDITIONS CONTRIBUTING 20b. DE TO While of worl 21. I certify that I taok charge of the red death resulted fram: Natural causes ACTUAL SIGNATURE	ESCRIBE HOW INJURY OCCURRED MURY OCCURRED NOT Work To death BUT NOT RELATED TO ESCRIBE HOW INJURY OCCURRED 20e. PLA fact of work To death Accident X., Suice	(Enter nature of injury in factors of the Display (Home, form only, street, office bidg, etc.) Id an Autopsy K., ide, Hamicide, Hamicide, CHIEF MEDICAL M. D. ASSISTANT MEDICAL DEPUTY MEDICA	Port I or Part II of item 18) Columberland, All Inspection X, Inquiry X, CXAMINER CAMINER May 12,	19 WAS AUTOPSY PERFORMED? YES NO (State) egany Md. ond in my opinion 22. DATE SIGNED 1967		
	PART I OTHER SIGNIFICANT CONDITIONS CONTR BLTING 2Da. EXTERNAL CAUSE WAS PRIMARY A CONTRIBUTING 2Da. TIME OF INJURY Manth, Day, Year 21. I certify that I taak charge of the rer death resulted fram: Natural causes ACTUAL SIGNATURE EXAMINER'S NAME (Type) DUF TO DUF	ESCRIBE HOW INJURY OCCURRED AND ACCIDENT TO A CONTROL OF THE PROPERTY OF THE	(Enter nature of injury in factors of injury in factors of injury (Home, form only, street, office bridg, etc.) Id an Autopsy K., ide, Hamicide, Hamicide, CHIEF MEDICAL, M. D. ASSISTANT MEDICAL Address (Street, Address (Street,	Port I or Part II of item 18) Color With Co	19 WAS AUTOPSY PERFORMED? YES NO (State) egany Md. ond in my opinion 22. DATE SIGNED 1967 nd. Md.		
	TISE to immediate cause (a), stating the underlying cause (b). PART I OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO CAUSE OF DEATH. 2Da. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING TO CAUSE OF DEATH. 2Db. TIME OF INJURY Manth, Day, Year 20d II While of world at world at world at world causes at Cause of the reredeath resulted fram: Natural causes ACTUAL SIGNATURE SIGN	SCRIBE HOW INJURY OCCURRED SCRIBE HOW INJURY OCCURRED AND	(Enter nature of injury in face of INJURY (Home, form any, street, office bridg, etc.) Id an Autopsy K., ide M., Hamicide CHIEF MEDICAL M. D. ASSISTANT MEDICAL Address (Street, CREMATORY	Port I or Part II of item 18) Columber I and All Inspection X, Inquiry X, CAL EXAMINER May 12, city town, or count Cumber I and Cumb	IP WAS AUTOPSY PERFORMED? YES NO (State) egany Md. ond in my opinion 22. DATE SIGNED 1967 nd. Md. (County) (State)		
	PART I OTHER SIGNIFICANT CONDITIONS CONTR BLTING 2Da. EXTERNAL CAUSE WAS PRIMARY XI or CONTRIBUTING TO CAUSE OF DEATH. 2Dt. IME OF INJURY Month, Day, Year 9:30 pm. May 10 167 21. I certify that I tack charge of the reduced the resulted fram: Natural causes ACTUAL SIGNATURE EXAMINER'S NAME (Type) BENEDICT SKITA 230 BENEDICT SKITA 230 BENEDICT SKITA 231 DATE THEREOF REMOVAL (Specify) BUT1a1 May 14, 1967	SCRIBE HOW INJURY OCCURRED NURY OCCURRED NOT While of work Accident K. Suice RELIC, M.D. 23c NAME OF CEMETERY OR Hillcrest B.	(Enter nature of injury in Figure 1 (Enter nature 1 (Enter nature of injury	Port I or Part II of item 18) Coccion with Coccion with Coccion with Coccion with Coccion with Coccion with Coccion City or town) Cumberland, All Inspection X, Inquiry X, Inquiry X, CAL EXAMINER May 12, City town, or count Cumberlaid 23d. LOCATION (City or Town) Cumberland, Md. A	IP WAS AUTOPSY PERFORMED? YES NO (State) egany Md. ond in my opinion 22. DATE SIGNED 1967 nd. Md. (County) (State)		
	TISE to immediate cause (a), stating the underlying cause (b). PART I OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO CAUSE OF DEATH. 2Da. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING TO CAUSE OF DEATH. 2Db. TIME OF INJURY Manth, Day, Year 20d II While of world at world at world at world causes at Cause of the reredeath resulted fram: Natural causes ACTUAL SIGNATURE SIGN	SCRIBE HOW INJURY OCCURRED SCRIBE HOW INJURY OCCURRED Water Color of the Color of	(Enter nature of injury in Figure 1 (Enter nature 1 (Enter nature of injury	Port I or Part II of item 18) Columber I and All Inspection X, Inquiry X, CAL EXAMINER May 12, city town, or count Cumber I and Cumb	19 WAS AUTOPSY PERFORMED? YES NO (State) egany Md. ond in my opinion 22. DATE SIGNED 1967 nd. Md. (County) (State)		

VR A1SME (5) 6M 1/66



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Items # & 9 File CERTIFICATE OF DEATH

96020

TO NOSMITAL OR ATTENDING MINYMETAM: The law requires that the denth certificate be exacuted within 24 haurs after dayshing Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remove capan papers. Pages should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours of

VR A15 (4) 25M 1/67

08089

	00000			
				2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
a	COUNTY ALLEGANY	•	MARYLAND	STATE MARYLAND 6 COUNTY ALLEGANY
Ь	CITY OR TOWN (If outs de corpo	rate limits,	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RdRAL and give nearest town)
	COMBERLA	dir	3MO-1WK-31/21	DA. CUMBERLAND (LAVALE)
				d STREET ADDRESS e IS RESIDENCE ON A FARM?
				534 A STREET YES NO
DC	CEACED	First	Middle	Lost 4 DATE Month Day Year
		DACE 7 Mannier C	W NEWED MANDED TO	LKINSCN DEATH MAY 29 1967 B DATE OF P. 1807 19 AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS
				L (ast, buthday) Months Days Haurs Min
-				5 - 18 - 1865 76 77 7 yrs
durung	<u>imost af working life, effen it retiri</u>	ed) / INDI		11 BIRTHPLACE (Cour y & Stote, or fore gn country) CUMBERLAND, MARYLAND USATRY?
		100		14 MOTHER'S MAIDEN NAME
				HATTIE ROWLINGS
IS. V	VAS DECEASED EVER IN U.S. ARMED	FORCES? 16 SC	OCIAL SECURITY NO 17.	INFORMANT Address
(. 00)	10 -			MEMORIAL HOSPITAL, CUMBERLAND, MD.
		100	The state of the s	NTERVAL BETWEEN ONSET AND, DEATH
			minal to	pare fueros journal 160 dois
	13/X	DUE TO	12.7.1	is contain five what
		(b) A	morning	is white
S	tating the underlying cause (DUE 10 Core	unoma to	recease with melulosu to line 1 year
		DITIONS CONTRIBITING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
NOIL	1 0 1	/	1 1	PERFORMED?
DH 2		20b. DESC	P	(Enter nature of injury in Part 1 or Part II of Item 1B.)
		ATH		
PICAL	20c TIME OF INJURY Marth. Da	y, Year 20d IN.		ACE OF INJURY (Hame, form 20f (Ciry ar town) (County) (State)
ME	p.m.			ctary, street, affice bldg., etc)
	21 I certify that (I) (I	his haspital) attende	d the deceased fram_	1 gm, , 1950 to 29 mm, , 1967, that (1) (we) lo
		e an 28 may	19 <u></u> 0, and th	at death accurred at ? • • ? ? My thim causes and an the date stated above
	220. SIGNATURE OCH ON	Va Di	non , AI P	ATTENDING MED DIRECTOR DIPHYS D 29 may 67
	PHYSICIAN'S NAME (Type) DR. W	. A. VAN		224 ADDRESSO. CENTRE ST. CUMBERLAND.M
230		DATE THEREOF	23 NAME OF CEMETERY O	
250.	MOVAL (Specify)	131/12	11 De aco	COUNTY) 23d—10CATION (Gity or Town) (County) (State)
24.	FUNERAL DIRECTOR	01/0/	ADDRESS	250 RECD BY REGISTRAR 256 REGISTRAR S'SIGNATURE
	Lawis Stu	in Inc.	Curlo.	1/2 DATE JUN 1 1987 Microslas Judge
	d. 3. NV DEC (TO SEE M. 100 CL TO SEE M	b CITY OR TOWN (If auts de carpo write RURAL and give regress and give reg	b CITY OR TOWN (If outs de corporate limits, write RURAL and give pegrest down) d. NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give many persons) 3. NAME OF DECEASED (Type or punit) LESTER 5. SEX 6. COLOR OR RACE 7 MARRIED [WIDOWED [Industrial of the course of the cours	B COUNTY ALLEGANY B CITY OR TOWN (if outs de corporate limits, write RURAL and averages flown) d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospitol, give street address) MEMORIAL HOSPITAL 3. NAME OF DECKASED (Type or pint) LESTER S SEX 6. COLOR OR RACE WHITE WIDOWED 100 LSUAL OCCUPATION (give kind of work done durpomost of working life, short etries) RETIRED 13. FATHER'S NAME JOSEPH WILKINSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, gunknown) (if yes give wor or doles of service) 16. CONTRIBUTION (GIVE kind of work done durpomost of working life, short etries) MALE WHITE WIDOWED 100 LSUAL OCCUPATION (Give kind of work done durpomost of working life, short etries) RETIRED 13. FATHER'S NAME JOSEPH WILKINSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, gunknown) (if yes give wor or doles of service) WINDISTRY RETIRED 16. CONTRIBUTION 17. DUE TO Conditions, if any, which gave isse to immediate cause (a), stating the underlying cause (b) STORY ONTRIBUTING (CAUSE OF DEATH (IF LITHER, NOTITEY MEDICAL EXAM, NER) 200. CIMAE OF INJURY Manth, Day, Year Hour o.m. 19. CAUSE OF DEATH (IF LITHER, NOTITEY MEDICAL EXAM, NER) 201. THE OF INJURY Manth, Day, Year Hour o.m. 19. CAUSE OF CEMETERY OF MAN ORMER 202. PHYSICIAN'S NAME (If year) DR. W. A. VAN ORMER 203. BURAL (REMATION) 204. CREMATION 205. BURAL (REMATION) 206. PART HORMER 206. DESCRIBE HOW INJURY OCCURRED While NOWAL (Specify) 3. J. CALLERS (A) SAME OF STAY IN 16 AND ORMER 206. DESCRIBE HOW INJURY OCCURRED OF CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTED 206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTIONS CAUSE OF DEATH (IF LITHER, NOTITEY MEDICAL EXAM, NER) 207. OR CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTED 208. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTIONS CAUSE OF DEATH (IF LITHER, NOTITEY MEDICAL EXAM, NER) 209. ACCIDENT WAS INVESTINGED 200. DESCRIBE HOW INJURY OCCURRE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06081 FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) P COUNTA o. COUNTY o. STATE Poge Allegany ö MARYLAND deloy is after death. ALLEGANY MARY, AND Deportment b CITY OR TOWN (If outside corporate mits, t LENGTH OF STAY IN 1b c CIY OR TOWN (If outside corporate i mits write RJRAL and give nearest town) P.M3 write RURAL and give negrest town)
Cumberland 40 YEARS CUMBERLAND d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, a ve street oddress) d STREET ADDRESS B IS RES DENCE ON A FARM? form hours YES NO X Hem 18. Give Poges Memorial Hospital -- DOA 12 QUEEN_CITY_PAVEMENT 24 hours after death. along with Middle 4. DATE 3 NAME OF Month DECEASED 0F THEODORE DEATH 26 IF UNDER # (Type or print) WHILLIAMS May AGE (In years lost birthday) YFAR S SEX 6 COLOR OR RACE B DATE OF BIRTH 7 MARRIED NEVER MARRIED Hours W DOWED K DIVOR CED MALE WHITE AUG. B1.1903 Off ce 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 100 LSLAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR during most of working life even if ref red)
LABORER INDUSTRY COUNTRY? RAILROAD MARYLAND IISA pending" in pena n ef Medical Examiner's pages in ony 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within File GEORGE WILLIAMS VIOLA PORTER 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service removol MO JAMES E. WILLIAMS CUMBERLAND. UNKNOWN MM.MD. 1B. CAUSE OF DEATH (Enter only one couse per ne for (o), (b) and (c).) NTERVAL BETWEEN PART I DEATH WAS CAUSED BY CORONARY OCCLUSTON Ö IMMEDIATE CAUSE (o) This cert ficate should used os o burial-tr buriol, cremation, DUE TO CORONARY Conditions if any, which gove SCLEROSIS 0 rise to immediate couse (a) DUE TO stoting the underlying couse lost. 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a) NO XX prior to should be 2Do EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURRED (Enter noture of in any in Port or Port I of tem IB) 3 should PRIMARY I or CONTRIBUTING I TAL EXAMINER: CAUSE OF DEATH its designated agent, 2Dd INJURY OCCURRED 20e PLACE OF INJURY (Horse, form, 2Dc TIME OF N. JRY Month, Doy Year (City or town) (County) Page 4 s far your factory, street office bldg., etc.) Hour om. Not While may be retained far your FUNERAL DIRECTOR: Poge ot work at work 21. I certify that I took charge of the remains described above, he'd an Autopsy Inspect on The Inguiry 🚉 and in my ap'n an d'rector. Natural causes Accident . Suicide . death resulted from: Hamicide ! Undetermined manner CHIEF MEDICAL EXAM.NER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funerol TO DEPUTY DEPUTY MED CAL EXAMINER 1967 May 26. Heolth or FYAMINER'S BENEDICT SKITARELIC, M.D. Address (Street, cty town or count Cumberland. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF (County) 230 BURIAL CREMATION 500 REMOVAL (Specify) HILLCREST BURIAL PARK CUMBERLAND. MD. MAY 29, 1967 BURIAL

ADDRESS

CUMBERLAND, MD.

24 FUNERAL DIRECTOR

VR A15ME

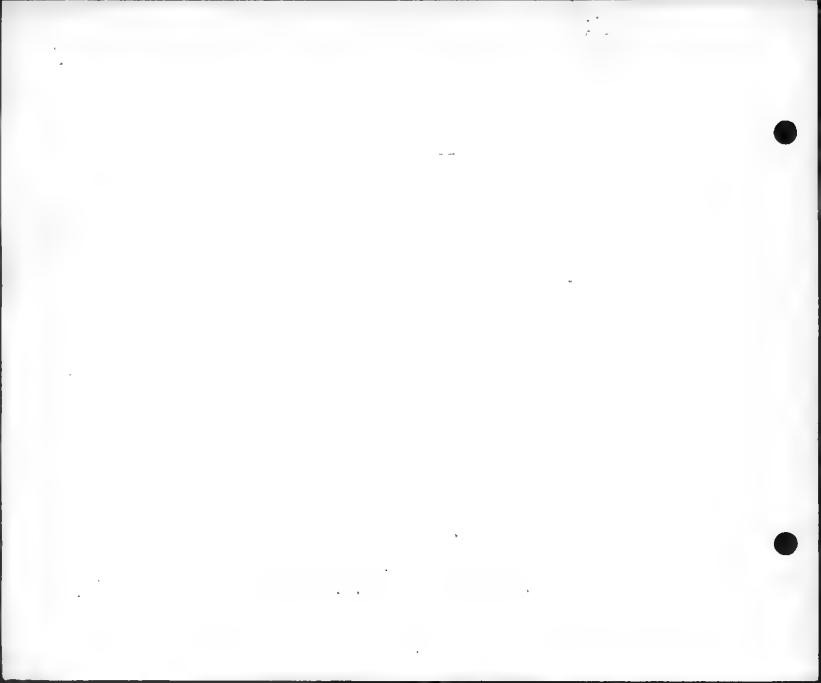
BYRON KIGHT

256 REGISTRAR'S SIGNATURE

250 REC'D BY REGISTRAR

DATEJUN 1

1967



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and confiletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death: TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	F STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
06082	F STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, CERTIFICATE OF DEATH	

00008	
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
ALLEGANY MARYLAND	MARYLAND. b. COUNTY ALLEGANY
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) CUMBERLAND. MD. 9 HOURS	MIDLAND
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
SACRED HEART HOSPITAL	MIDLAND, MD. 21542
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) ROBERT W.	WILSON DEATH MAY 5 1967
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. ACE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE WHITE WIDOWED DIVORCED	4-20-35 last birthday) Months Days Hours Min.
	1 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) OCCUPATION (CIVE kind of work done in DUSTRY)	CDUNTRY?
CONTRACTING WORK MARSH CONTRACTING	
	14. MDTHER'S MAIDEN NAME
ROBERT WILSON	MARTHA ANN WINTERS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
	OSP. RECORD SACRED HEART HOSPITAL
18. CAUSE OF DEATH [Enter only one cause per lime for (a), (b), and (c).1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	10
Cenditions, If any, which) DUE TO MURAL	Alenous -
gave rise to immediate	_ 2
cause (a), stating the DUE TD	Mant Kiene
underlying cause last. (c)	CALLED CONTROL OF THE STATE OF
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
201	YES NO
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT REL 2Da. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 at work Not While at work	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While fact	ory, street, office bidg., etc.)
E p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	5/5, 156/, to 19, that (I) (we) last
	it death occurred at 2074M, from the causes and on the date stated above.
22a. SICNATURE	ATTENDING MED. STAFF
M.	
22c. PHYSICIAN'S NAME (Type) A A A A A A A A A A A A A A A A A A A	Les geleg, W-Las
23a. BURIAC, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d LOCATION (City, town or county) (State)
Burial Specify) 5/8/67 Memorial F	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
George Eichhorn Lonaconing, Mc	1. DAMAY 9 1967 Yellarles Judges
dedige premiora nonacouring,	I DARLA 2 1001 1

VR AIS (4) 20M I/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0608	3		CERTIFIC	ATE OF DEAT	Н	98072		
I. PLACE OF DEATH a. COUNTY	Allegany		MARYLAN	a. STATE	NCE (Where deceased lived, if institution b. COL	itian. Residence before admission)		
b (ITY OR TOWN write RURAL or	(If outside corporate limit of give negrest town)	rs,	c. LENGTH OF STAY IN 16	c city or town	(If outside corporate mits, write Rt. dland	JRAL and give nearest town)		
	TAL OR INSTITUTION (IF I	, , ,	street oddress)	d STREET ADDRES	rch Street	e is residence On a farma YES NOA		
3 NAME OF	rch Stree	ırst	Middle	Lost	4. DATE Mor			
(Type or print)	ROSE	F,		INNER		2/1967 19		
s. sex Female	6 COLOR OR RACE White	7. MARRIED WIDOWED 2	NEVER MARRIED DIVORCED	11/13/1	9 AGE (In years last birthday) 71 yrs	Months Doys Hours Min.		
during most of working House	(Give kind of work done glife, eyen if retired) WII C	10b. KIND INDU	OF BUSINESS OR STRY	Avilt	ounty & State or foreign country) on, Maryland	12 CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME				14. MOTHER'S MA				
15 WAS DECEASED EV	COSTON COMON DILLALOR	or Garl	CIAL SECURITY NO	17 INFORMANT	izabeth McKen			
(Yes, no, or unknown)	(If yes give wor or dotes	of service).	None			dland.Md.		
Conditions, if on use to immedia stating the undilast.	te cause (o), erlying cause	(a) Oc 10 Con (b) Con (c)	ute. Co	"Daughte	io sclerosis	INTERVAL BETWEEN ONSET AND DEATH Years		
PART II OTHER S	ignificant conditions of	Vheli	liktus		SE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO		
	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	205 DESCR	RIBE HOW INJURY OCCUR	RED (Enter noture of inju	ry in Port I or Port II of item 18.)	·		
是 Hour o	JURY Month, Doy, Year m. m. 19	20d INJU While at wark	RY OCCURRED 20e Not While at work	PLACE OF INJURY (Home foctory, street, office bldg	, farm, 20f (City or town)	(County) (State)		
	21. I certify that (1) (this haspital) attended the deceased from							
7	22a. SIGNATURE MED. STAFF 22b. DATE SIGNED M.D. PHYS DIRECTOR DIPHYS DISTARRED 5.18.67							
22c. PHYSICIAN' NAME (Typ		VILES	JR.M.	D. 22d. ADDRESS	NACONING	MD,		
230 BURIAL, CREMAT REMOVAL (Specif Burial 24, FUNERAL DIRECT	y) 5/16	/1967	23c. NAME OF CEMETER	Cemetery	23d LOCATION (City of To Avilton;	own) (County) (State) Md. (State)		
	e Eichhor	n Lon	aconing,	202		Charles Joseph		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fundral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon pages. Pages I and S should be filed with the State Dept. of Health priar ta burial, cremation, or removal, and in any event, within 72 hayrs after death.

O HOSPITAL OR ATTENDING PHYSICIAN: III low requires that the death certificate be executed within 24 llaurs after depart

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

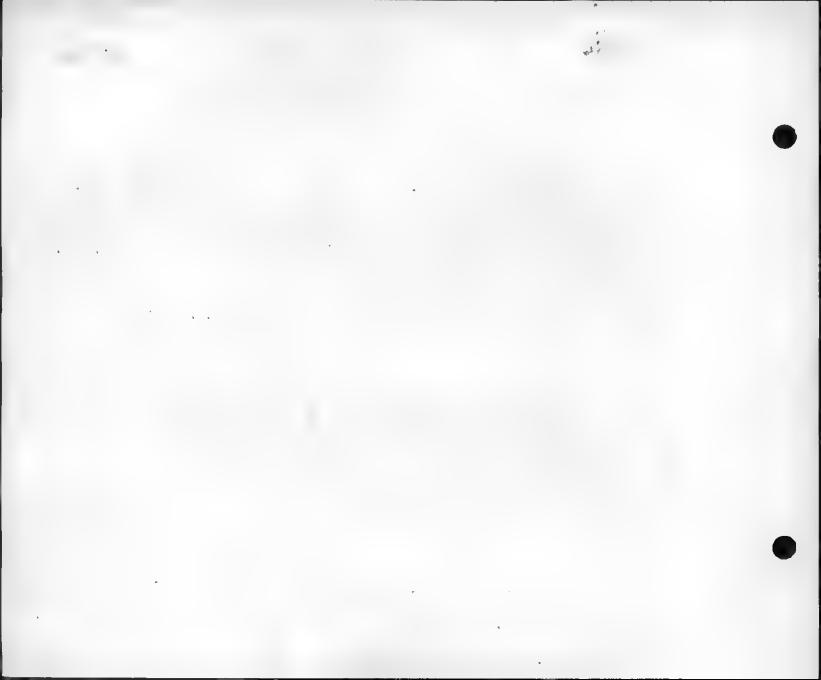


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

mathin 24 hours ofter

that the dilath certificate be executed

96084 CERTIFICATE OF DEATH funeral I and 2 Ter death. 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY b. COUNTY ALLEGANY ALLEGANY pletely filled in by the fur carban papers. Pages 1 ent, within 72 hours after MARYLAND b CITY OR TOWN (If outs de carporate limits, C. LENGTH OF STAY IN 15 c CITY OR TOWN (If auts de carporate limits, write RURAL and give nearest town) RAL and a ve negrest town)
FROSTBURG WEEKS FROSTBURG: d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS MINERS HOSPITAL YES NO X DEPOT ROAD femave carban pany and sevent, with 3. NAME OF Middle DATE Last Month Day Year and tompletely DECEASED OF WOLFORD DEATH 19 67 (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACI 7 MARRIED NEVER MARRIED last birthday) Months Doys Haurs WIDOWED **DIVORCED** 10a USUAL OCCUPATION (Give kind of work dane KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11 BIRTHP_ACE (County & State, or foreign country) please during most of working life, even if retired) NDUSTRY U.S. physician gug MARYLAND BARTON, HOUSEWIFE HOME 13 FATHER S NAME 14. MOTHER'S MAIDEN NAMI signed by the attending physic burial-transit permit. Then pl burial, crematian, or removal, WILLIAM EDWARD NORA ROSS attending p PHILLIPS WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN1 FROSTBURG MD. (Yes, no, or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ONSEJ-AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o **DUE TO** Canditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending has been be detached far use as the State Dept. of Health priar to last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY CERTIFICATION PERFORMED? r this certificate h detached far use NO 20a ACCIDENT WAS JNDERLYING 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. factory, street, office bldg , etc.) Not While TO FUNERAL DIRECTOR: After at work at wark May 20, 19 6 6that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from a source 19 66 to. director, page 3 should should be filed with the saw the deceased glive an may 20, 1967, and that death accurred at 1/M, from causes and an the date stated abave. 22a. SIGNATURE 22b. DATE, SIGNED STAFF PHYS. DIRECTOR M.D. PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BROADWAY JOHN DAVIS M.D. 2 FROSTBURG. B. MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL CREMATION (County) (Stote) 1967 FROSTBURG MEM. PARK MARYLAND 25b REGISTRAR'S SIGNATURE AFER-SOWERS VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06085

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06074

LOW STATE			00000	IIIED	TORE EXAMINATED O	CERTIFICATE	DI DENTIN	U.	UUII
IEALTH DEP			LACE OF DEATH				(Where deceosed lived,		nce before odmission)
50 8 to	V	0	ALLEGANY		MARYLAND	o. STATE PENINS	YLVANIA	b. COUNTY	ERSET
Pog 2	1	1	CITY OR TOWN (If outside corporat	e limits,	c. LENGTH OF STAY IN 16	The second secon	outside corporate limits		
deli ond M3.			write RURAL and give nearest tow RURAL - FROS TBUR	n)	SEVERAL HOUR	DIDAT	- SALISBU	DV	752
2, 2 P		-	. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital o		d. STREET ADDRESS	- OMDIODO	N.L	I e IS RESIDENCE
ges 1, 2, of form P	4.6		HOFFMAN ROAD	the man in marking a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DOV PI		ON A FARM?
th ges h fo	00	3. 1	IAME OF	First	Middle	ROUTE #1	BOX 74	Month	Dov Year
Pog with	1.	E	ECEASED				OF	MAY	
	1,	5 5		CE 7. MARRIED	Lee NEVER MARRIED	Ziegler B. DATE OF BIRTH	DEATH 9. AGE (II		
百二十二			21 43231 GIL III	WIDOWED			lost bi	rthdoy) Months	Days Hours Min.
Item 1 Offlice	pwap	_	EMALE WHITE USUAL OCCUPATION (Give kind of wor		ND OF BUSINESS OR	MARCH 17. 1	947 20		ITIZEN OF WHAT
Item Offic 1 and	D Je		ia most of working life, even if retired		DUSTRY MANUFACTURIN				OUNTRY?
hin 24 ncil in niner's poges	D D D D D D D D D D D D D D D D D D D	12	IBM OPERATOR FATHER'S NAME	TIRO	S MANUFACTURIN	G MARYLAN 14 MOTHER'S MAIDEN		U	.D.A.
Exominer Exominer File page	ULS	13.						************	
Exor Exor	2	15	WAS DECEASED EVER IN U.S. ARMED FO		SOCIAL SECURITY NO. 17.	INFORMANT	Y MARGARET	Address	
ted in		(Ye	, no, or unknown) (If yes give wor or	dotes of service)					
nding" is Medical permit.			NO	- John		RL H. ZIEGL	EK-RU#7, E	OX 74, SA	LISBURY, PA.
d be executed 'pending' in Chief Medical Ironsit permit.	event within /2 hours after	-	18. CAUSE OF DEATH (Enter only of PART 1. DEATH WAS CAUSED B			A			ONSEL AND DEATH
Chie	Ven		ar - x IMMEDIATE	1 1	CRUSHET	SKULL	-		SUDDEN
shauld be to word 'per to the Chief burial-tronsit	÷		Conditions, if ony, which gove	DUE TO	(TNELTO	TED BY AS	CATLABITA		
sh to t	in ony		rise to immediate couse (a), ((b)	(IMELIC	TED BI AS	SAILANI)		
ficate ing th rded 1	p		stoting the underlying couse						
riffica riffing orde			PART II. OTHER SIGNIFICANT CONDIT	(c)	O DEATH BUT NOT DELATED TO	THE TERMINIAL DISEASE (/	DAIDITION CIVEN IN DAI	PT 1/a)	19 WAS AUTOPSY
writing the forwarded to used as a bu	or removal,	8	PART II. OTHER SIGNIFICANT CONDIT	ONS CONTRIBUTING I	O DEATH BUT NOT KEENTED TO	THE TERMINAL DISEASE CO	DINDITION GIVEN IN FAI	114	PERFORMED?
his de	eme	CERTIFICATION	20a. EXTERNAL CAUSE WAS	Tools no	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Port Lor Port II of its	18 \ m	YES NO
certific certific nould b les.	0	ERT	PRIMARY Tor CONTRIBUTING						CIEC
NER Cer Cer hou hou iles.	ů.	3	CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy,		AILAINT STRU	ACE OF INJURY (Home, for			DCKS
the the 3 to 5	abou	ė	Hour o.m. MAY 28	While	- Not While - foc	tory, street, office bldg., etc	c.)		
vo you	dbou				otwork U Hof				
Xec For Port	, 0		21. I certify that I took			Application of the second of t			ond in my apinio
ctor ctor	מת		death resulted fram:	latural causes	, Accident [cide, Hamicid CHIEF MEDICA		nined monner [
ME: dire	0		ACTUAL A	10-	11)		DICAL EXAMINER		22. DATE SIGNED
AAL AAL	prior		SIGNATUNE LARRAGE	anwarel	w,	DEBLITY MEDI	CAL EXAMINED		29, 1967
			EXAMINER'S NAME (Type) BE	NEDICT SK	ITARELIC, M.D.	Address (Stre	et, city, town, or count	V) CUMBERLA	ND, MD.
o DEPt necesso the fun 5 moy 5 moy	Loain	23o	BURIAL CREMATION, 23b. D	ATE THEREOF	23c NAME OF CEMETERY OR		23d LOCATION		(County) (Stote)
5 g t 2 5 3	5		BURIAL MAY	31, 1967	HILLCREST BU	RIAL PARK	NEAR CUN	BERLAND.	ALLEGANY, M
	No	24	FUNERAL OTRICTOR	The	ADDRESS	2So. REC	D BY REGISTRAR		SIGNATURE LOS
VR A 15ME (5)	M	TI	HN J. HAFER JR	230 BATT	O'AVE CUMBERL	AND MD DAIL	JN 5 1967	youar	Cas Jung
	1111	01	ATTENDED TO THE PARTY OF THE PA	The state of	A WE ARM & A CONTROL AND	200 100		· _ //	

A STATE OF THE STA

TO THE PARTY OF TH

And the second s

THE REPORT OF THE PARTY OF THE

and an arms

valuable to Children

SANDA TELEVISIONE DISTRIBUTE DE LA CONSCIONA D

DESCRIPTION OF THE PROPERTY OF

		- 17	NAKTLAN	ID 211	AIE DE	PAKIME	INI UP HEAL	III	
IVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212	VISION	OF VITAL	RECORDS,	301 V	W. PRES	ION STRE	ET, BALTIMOR	E, MARYLAND	2120

06086	CERTIFICATE	OF DEATH		16975		
1. PLACE OF DEATH a. COUNTY ALLEGANY	MARYLAND	A CTATE	There deceased lived, if institution: YLAND b. COUNTY	Residence befare admission) LLEGANY		
b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)	37 DAYS	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) CUMBERLAND				
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, s		d. STREET ADDRESS	ASKI STREET	e IS RESIDENCE ON A FARM? YES NO		
3. NAME OF First OECEASED (Type or print) MYRTLE	Middle E. Z1	MME RMAN	4. DATE Month OF MAY	Day Year 14, 19 67		
S. SEX FEMALE 6. COLOR OR RACE 7. MARRIED WHITE WIDOWED	NEVER MARRIED DIVORCED	1 - 14 - 1900		UNDER 1 YEAR IF UNDER 24 HRS. onths Days Hours Min.		
	IND OF BUSINESS OR VDUSTRY	11. BIRTHPLACE (County &	State, ar fareign country)	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME HENRY LITTLE		14. MOTHER'S MAIDEN N				
It's no or unknown! If was give wer or dates of service!	SOCIAL SECURITY NO. 17. I 12-24-1274B	MEMORIAL	Address HOSPITAL, CU	MBERLAND, MD.		
IB. CAUSE OF OEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (c) (c)	generalized	andrinkel	hu à Falendlekeer noois	INTERVAL BETWEEN ONSET AND DEATH		
☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	TO DEATH BUT NOT RELATED TO TO THE CONTROL OF THE C	ti Suddle	embolus	19 WAS AUTOPSY PERFORMED? YES NO		
3	Nat While fact	CE OF INJURY (Hame, farm, ary, street, affice bldg., etc.)	20f (City or town)	(Caunty) (State)		
21. I certify that (I) (this hospital) attended as the deceased alive an saw that the saw that t	ded the deceased from19 6 2, and that	PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR PHYS.	. 1962, that (I) (we) lost on the date stated obove. 22b. DATE SIGNED, 5/15/67 CUMBERLAND, MD		
230. BURIAL (SPENATION, BURIAL (Specify) 5/16/67	23c. NAME OF CEMETERY OR C	l Park	23d. LOCATION (Gity or Town) Cumberland All	(County) (Store) Legany Maryland		
24. FUNERAL DIRECTOR H. Lee Silcox Cumberland	ADDRESS d Maryland 2150	MAN	BY REGISTRAR 2Sb. REGISTIN	RAR'S SIGNATURE		

Cumberland Maryland 21502

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, page 3 should be detached for use as the burial-tronsit permit. Then please remove corbon popers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or Page 4 may be retained by the hospital or attending physicion.

VR A15 (4)

